

Response to the Request for a Best and Final Offer

Submitted to the
Arizona Department of Health Services,
Department of Behavioral Health Services (ADHS/DBHS)
in reference to
Solicitation No. HP532003 – Request for Proposal

February 10, 2005

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1. References

As mentioned in the letters submitted to the Arizona Department of Health Services, Department of Behavioral Health Services (ADHS/DBHS) on January 3 and Jan 11, and the site visit documents submitted on January 21, the correct information is as follows:

- State of Texas: Billy Millwee, Deputy Director of CHIP and Medicaid, Health and Human Services Commission, tel: 512-491-1869
- State of Wisconsin: Angela Dombrowicki, Director Bureau of Managed Care, Department of Health and Family Services, tel: 608-266-1935
- An additional reference: State of Kansas: Bobbie Graff-Hendrixon, Senior Manager Health Care Delivery System, Kansas Department of Social & Rehabilitation Services, Health Care Policy Medicaid Policy, 915 SW Harrison, 651-S, Topeka, KS 66612; tel: 785-296-7010.

As a result of a competitive procurement in November 2004, CBH has provided behavioral health services to the SCHIP population in Kansas since January 1, 2005. Ms. Graff-Hendrixon can speak regarding CBH's implementation methodology and CBH's ability to transition consumers and providers to its program with minimal disruption to services.

2. Related Party Transactions

- GREABHA will pay Cenpatico Behavioral Health LLC (CBH), CenCorp Health Solutions™ (CenCorp), and Centene Corporation® (Centene) for the management services listed below. Please note that the payments for Centene's direct and indirect costs are passed though CBH and CenCorp and are not duplicated or adjusted in any way.
- The exact dollars charged to GREABHA will vary based on the size of the contract awarded. The following text outlines the cost allocations that would be applicable in the event that GREABHA is awarded a contract for all three GSAs or in the event that GREABHA is awarded a contract only for GSAs 2 & 4.

Allocations from Centene Corporation – Direct Departments

- Information Technology and Services: The allocation methodology is based on the total revenue of the Greater Arizona contract awarded to GREABHA as a percent of the total revenue of Centene Corporation. If all three GSAs are awarded to GREABHA, the projected revenue would represent 8.3% of Centene's total revenue, and would be approximately 8.4 FTEs and \$1.1 million. If only GSAs 2 & 4 are awarded to GREABHA, the projected revenue would represent 4.3% of Centene's total revenue, and would approximate 4.3 FTEs and \$750,000.
- The services included in the cost allocations are: software and system maintenance fees (including hardware for AMYSIS system); systems development and processing; and WAN and telecommunication support.
- Encounter Processing and Claims Payment: The allocation methodology is based on the expected volume of encounter/claims submissions. If all three GSAs are awarded to GREABHA, 10 FTEs will be necessary to handle the volume of encounter submissions, at a cost of \$410,000. If only GSAs 2 & 4 are awarded to GREABHA, 4 FTEs will be necessary, at a cost of \$155,000. GREABHA will be charged on a per member per month (PMPM) basis at \$0.15 PMPM.
- **Corporate Finance:** The allocation methodology is based on the total revenue of the Greater Arizona contract awarded to GREABHA as a percent of the total revenue of Centene Corporation. If all three GSAs are awarded to GREABHA, the projected revenue would represent 8.3% of Centene's total revenue, and would be approximately 3.1 FTEs and \$350,000. If only GSAs 2 & 4 are awarded to GREABHA, the projected revenue would represent 4.3% of Centene's total revenue, and would approximate 2.0 FTEs and \$230,000.

- The services that are included in the cost allocations are: Treasury Management; General Ledger processing; Payroll and Accounts payable processing; GAAP and Statutory reporting; Underwriting/actuarial support; and Tax preparation and review.
- Other Corporate Direct Allocations: The allocation methodology is based on the total revenue of the Greater Arizona contract awarded to GREABHA as a percent of the total revenue of Centene Corporation. If all three GSAs are awarded to GREABHA, the projected allocation equals 0.7 FTEs and \$100,000. If only GSAs 2 & 4 are awarded to GREABHA, the projected allocation equals 0.35 FTEs and \$50,000.
- The services included in the cost allocations are: Member Service and Medical Management Policy Coordination and Provider Relations and Contracting.

Allocations from Centene Corporation – Indirect Departments:

- The allocation methodology is based on the percent of anticipated GREABHA employees versus the total
- 13 number of employees in Centene Corporation. If all three GSAs are awarded to GREABHA, the projected
- allocation equals 1.7 FTEs and \$460,000. If only GSAs 2 & 4 are awarded to GREABHA, the projected
- allocation equals 1.1 FTEs and \$300,000.
- 16 The services that are included in the cost allocations are: Human Resources policy; Compensation and
- 17 Benefits design and administration; Training and Hiring policy development; Internal Audit; Sarbanes Oxley;
- and HIPAA compliance monitoring.

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19 Allocations from CenCorp and CBH:

- 20 The allocation methodology splits administrative costs between the business units of CenCorp and CBH.
- 21 The allocation for GREABHA equals 3.6 FTEs and \$600,000, which reflect approximately one-seventh of
- the business units. Services/Staff included in this cost are: administrative staff for both entities (e.g., VP of
- Finance for CenCorp, President of CBH, etc.).

24 <u>Total Administrative Costs</u>

- 25 If all three GSAs are awarded to GREABHA, it is expected that the total administrative costs will be
- approximately 7.5% of the revenue from the Greater Arizona contract, with allocated cost paid by GREABHA to be approximately 29% or, \$3,040,000 of the total General and Administrative expenditures. If
- only GSAs 2 & 4 are awarded to GREABHA, the total administrative costs will be approximately 9.4% of the
- revenue from the Greater Arizona contract, with the allocated cost paid by GREABHA to be approximately
- 30 31% or, \$2,085,000 of the total General and Administrative expenditures. GREABHA acknowledges that we
- are at risk to the extent that administrative costs may exceed 7.5%.
- 32 These are the sole administrative payments that will be made to related entities.

3. Business Relationships between the Parent and Subsidiaries

- 34 As mentioned above, the Greater Arizona Behavioral Health Authority, LLC (GREABHA) is a wholly owned
- 35 subsidiary of Cenpatico Behavioral Health LLC (CBH), headquartered in Austin, Texas. CBH and
- 36 NurseWise are both wholly owned subsidiaries of CenCorp Health Solutions™ (CenCorp), headquartered
- in St. Louis, Missouri. CenCorp is a wholly owned subsidiary of Centene Corporation[®], headquartered in St.
- 38 Louis, Missouri. Neither GREABHA nor CBH have any ownership interest in any of the other subsidiaries of
- 39 Centene, except for the behavioral health subsidiaries that CBH owns and operates in Arizona, California,
- 40 Indiana, Kansas, Ohio, Texas, and Wisconsin. For more details, please refer to Attachment B: Offer
- 41 Business Info, which is included in Volume 1, Section d of our original response to the RFP. GREABHA will
- 42 enter into a contract with NurseWise for its services as a provider agency.
- 43 Centene and CBH stipulate that GREABHA is empowered to interpret and make all decisions necessary to
- 44 fulfill the Greater Arizona contract for behavioral health services. Decisions pertaining to performance under
- 45 this contract will be made at the local level.

Volume 1, item f

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Limit 1 page plus the organizational charts

1. Organizational Chart

GREABHA is committed to ensuring that adequate staffing is available to meet all expectations and responsibilities related to the Greater Arizona contract. Careful consideration has been made to ensure that GREABHA hires staff with particular expertise in (including in the training and administration of) child and adolescent services, adults services and substance abuse services. Following our discussion with ADHS/DBHS during the January 21 site visit, reconsideration was given to staffing for each GSA, as well as the combination of all three GSAs. Accordingly, we increased staff in the following departments: Customer Service, Care Management, Network Management and Contracting, Quality Management, Utilization Management, Grievance & Appeals, and Training. The result is an increase of 10 FTEs in the GREABHA structure for the scenario in which we are awarded GSAs 1, 2 and 4. Additional staffing detail is provided in the following organizational charts. In addition, please note that we have added a Grant Writer for all GSA organizational structures, and a Tribal Liaison expert/position in the combination structure of all three GSAs and in the GSA 1 only scenario.

Adequacy of staffing in Customer Service, Care Management, Network Management and Contracting, Quality Management, Utilization Management and Grievance & Appeals has been evaluated on a number of factors, including, but not limited to: call volume, number of eligibles, ADHS/DBHS performance standards and contractual requirements, caseloads, quality audit scores, etc. Staffing will be reviewed at a minimum on a quarterly basis. The determination of staffing adequacy will also be collaboratively shaped by a number of factors, including service needs of behavioral health recipients and their families; ADHS/DBHS initiatives; network adequacy and provider performance; and the unique services needs of each of the communities in the three GSAs. Because GREABHA's model is focused on empowering and educating behavioral health recipients, their families and other natural supports, the focus of our staffing is on providing a model that facilitates service delivery and manages the system based on behavioral health recipients' needs. As this is a non-traditional model that focuses on maximizing behavioral health recipients' "voice and choice," staff in this model will work through cross-functional teams and committees that maximize information sharing and collaboration. For example, the development and maintenance of a network that is responsive to the needs of behavioral health recipients is the responsibility of network staff. as well as: the training team, Consumer Outreach Representatives, Customer Service Representatives, the Emergency Response Liaison, Rapid Response Administrators, Chief Medical Officer, etc. Finally, GREABHA is also able to leverage the staffing experience of CBH, which currently manages over 600,000 Medicaid members in five states.

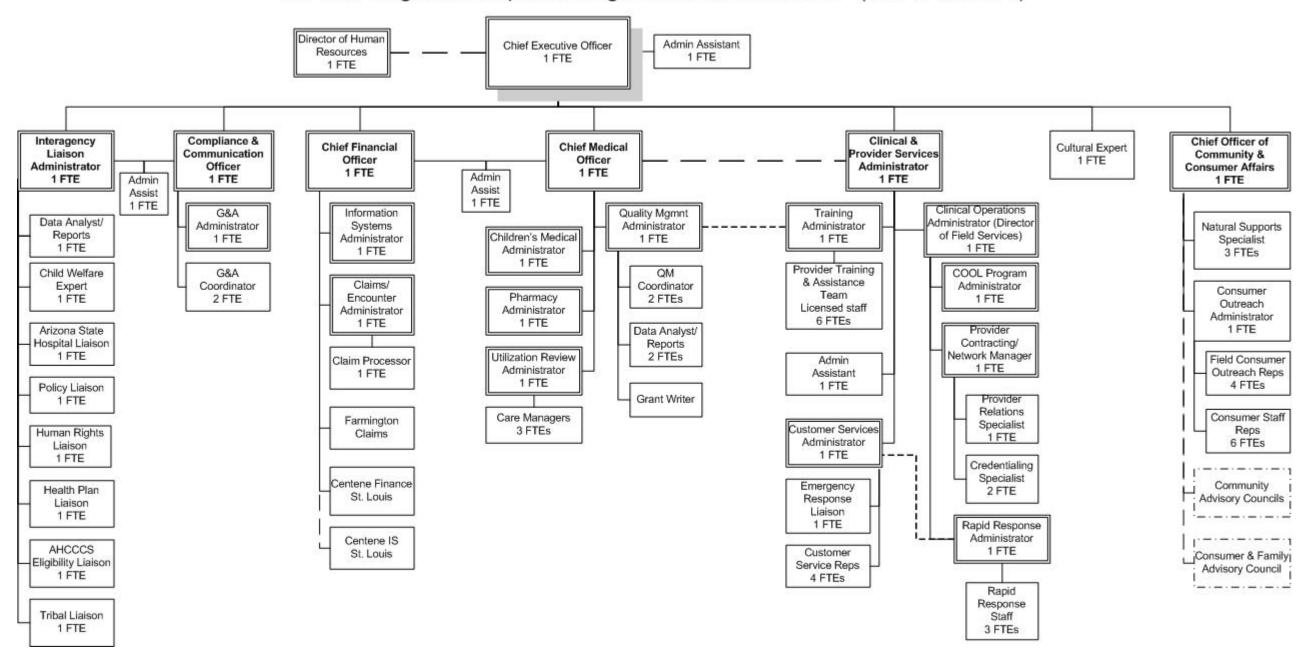
Please refer to the following organizational charts for specifics regarding the number of FTEs in each of the functional areas.

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RESPONSE TO THE REQUEST FOR A BEST AND FINAL OFFER Page 4

1 **GSAs 1, 2 & 4**

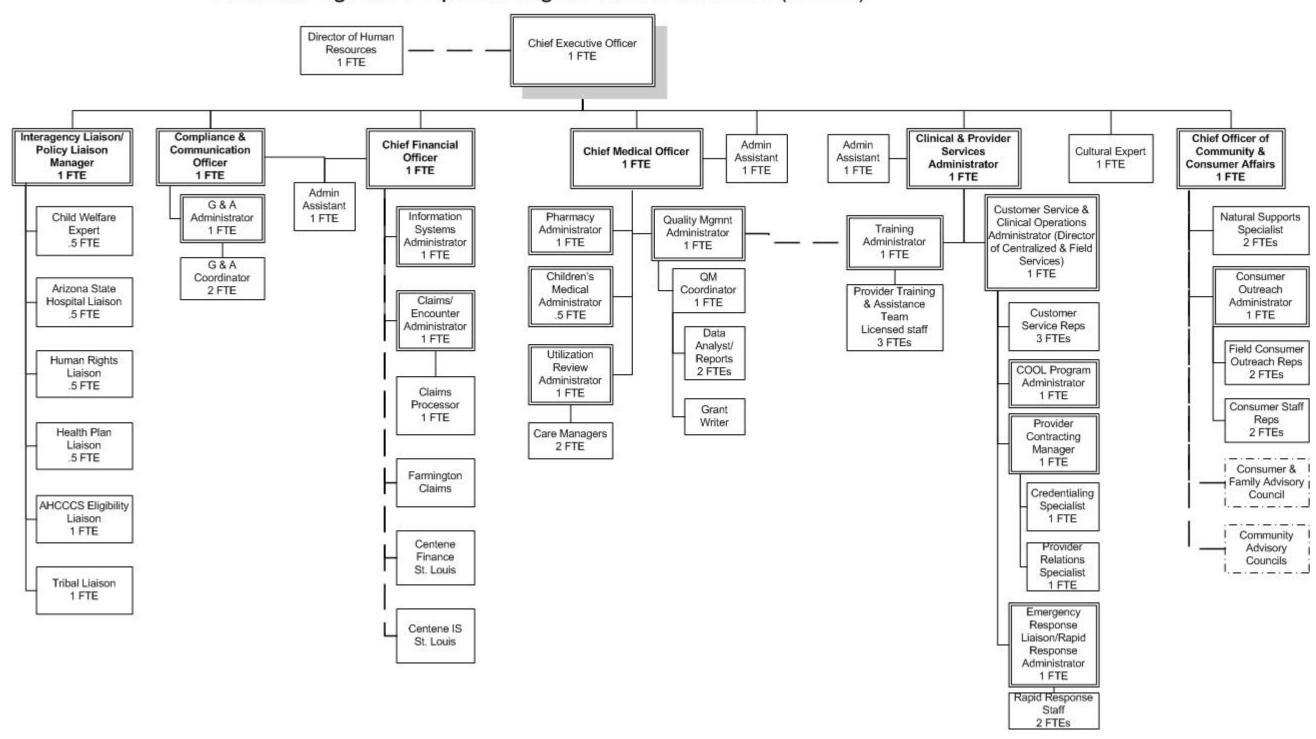
Arizona Regional Proposed Organizational Structure (GSAs 1, 2 & 4)



RESPONSE TO THE REQUEST FOR A BEST AND FINAL OFFER

GSA 1 only

Arizona Regional Proposed Organizational Structure (GSA 1)



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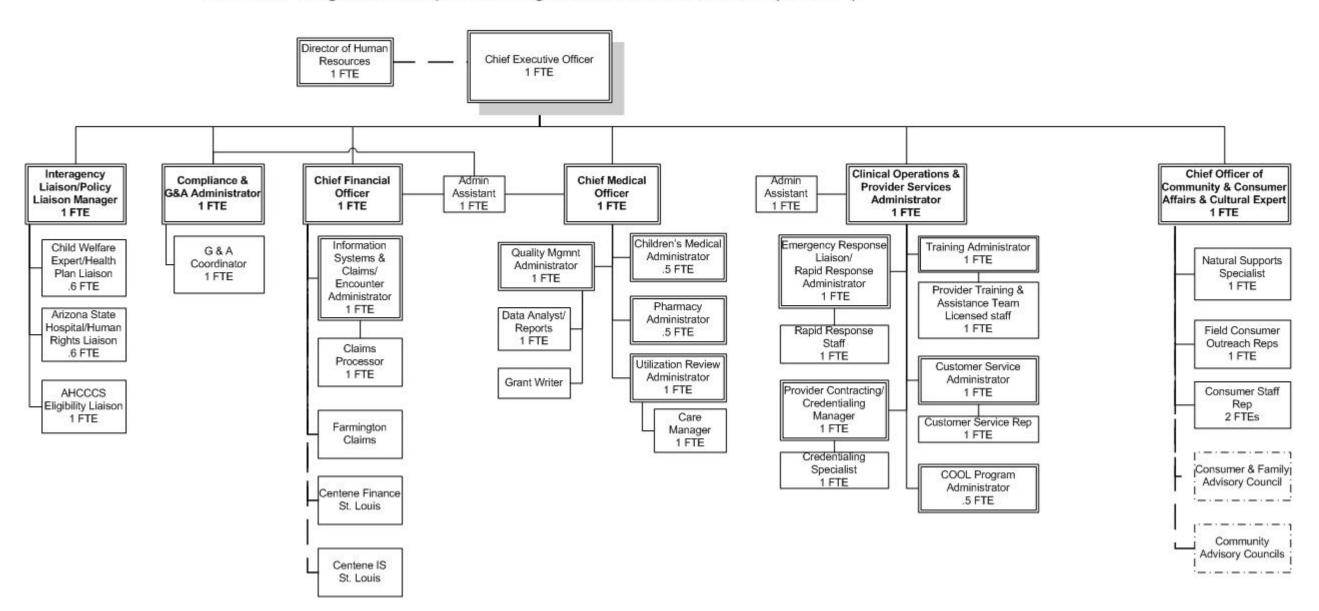
RESPONSE TO THE REQUEST FOR A BEST AND FINAL OFFER

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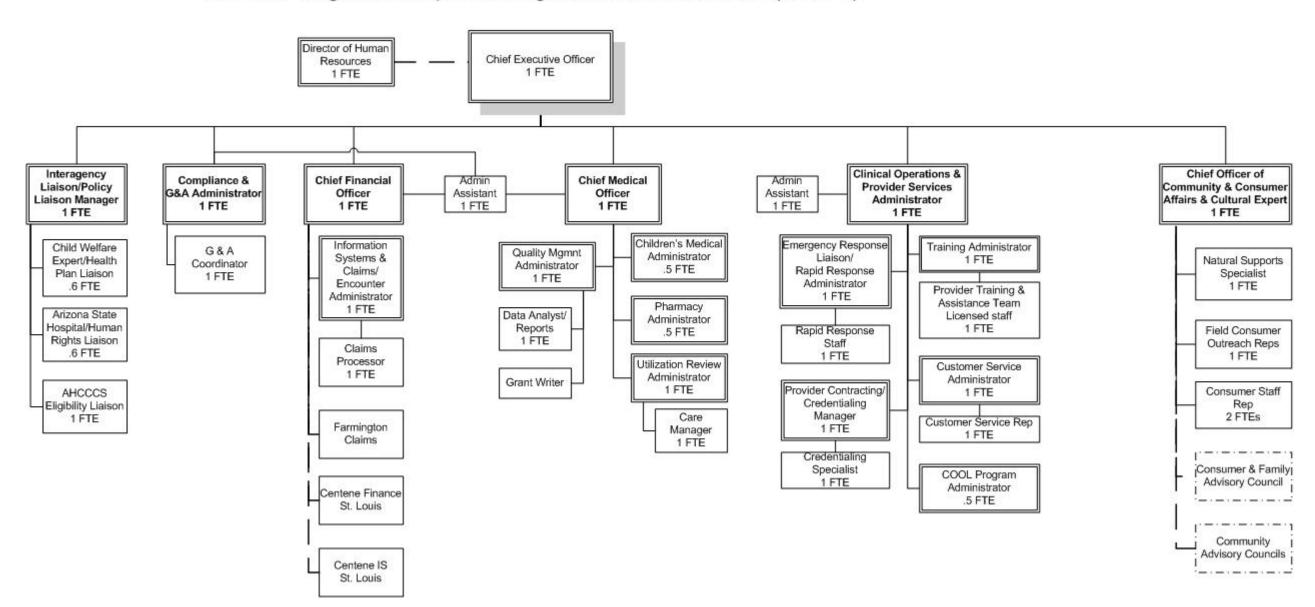
Arizona Regional Proposed Organizational Structure (GSA 2)



2 GSA 4 only

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Arizona Regional Proposed Organizational Structure (GSA 4)



Volume 1, item h

Limit 2 pages plus resumes

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In accordance with R2-7-104, GREABHA respectfully requests that the names of individuals employed by outside organizations, but committed to join GREABHA if we are awarded the contract for RFP HP532003, shall be kept confidential by the State of Arizona and the Office of Procurement. In the event GREABHA is awarded the contract, the names may be made public. In the event our bid is unsuccessful, we request that their names remain confidential so as not to jeopardize their continued employment and standing with their current employers.

10 To that end, the names have been removed from the following narrative and are included in Attachment A: Candidates for Key Positions.

1. Changes Regarding Who Will Fill Required Positions

- GREABHA has secured strong commitments and has had provisional offers of employment accepted for 20 positions. As described in the site visit documents submitted to ADHS/DBHS on 1/21/2005, GREABHA has secured commitments for following key personnel:
- 16 CEO
- 17 CMO
- 18 CFO
- Regarding other key positions required in the RFP, as described in the site visit documents submitted to ADHS/DBHS on 1/21/2005, GREABHA has secured provisional commitments for the following positions:
- Quality Management Administrator
- Utilization Review Administrator
 - Corporate Compliance Officer
 - Arizona State Hospital Liaison
- Interagency Liaison
- Since the meeting with ADHS/DBHS on 1/21/2005, GREABHA has secured an additional provisional commitment for the following position:
 - AHCCCS Eligibility Liaison

2. Employment Commitments

- In addition to the positions noted above, provisional offers, pending award, are in place and accepted for the following positions:
- Chief Officer of Community and Consumer Affairs Melinda Vasquez
- QM Coordinator Lori Adler
 - Director of Human Resources Mary Sanchez
- Training Administrator Addam Gross has been hired as a consultant to assist in hiring and building the GREABHA training department.
- Natural Supports Specialist Erik Ryan
- Field Consumer Outreach Representative Brian Higgins
- Arizona State Hospital Liaison Michelle Flatbush
- 40 Rapid Response Supervisor Laurel Rettle
- Provider Contracting Manager Patricia Weidman
- 42 Utilization Review Administrator Jean West
- Provider Training & Assistant Specialist Tom Valenti
- 44 We are currently recruiting and in discussions with individuals to fill the following positions:
- COOL Program Administrator
- Provider Training & Assistance Specialists
- 47 Health Plan Liaison
- 48 Clinical & Provider Services Administrator
- 49 Pharmacy Administrator
- 50 Policy Liaison

- Customer Services Administrator
- Information Systems Administrator
- Child Welfare Expert
- Clinical Operations Administrator (Director of Field Services)
- 5 Cultural Expert

- Clinical Operations Administrator
- 7 Human Rights Liaison
- 8 Children's Medical Administrator
- 9 Claims Encounter Administrator
- 10 Grievance & Appeals Administrator
- Emergency Response Liaison
- 12 Consumer Outreach Administrator
- We have also added a new position of the Tribal Liaison, which we will fill if we are awarded all three GSAs or GSA 1.
- By word of mouth and "shoulder tapping," GREABHA has generated strong interest and excitement regarding employment opportunities. We anticipate no difficulty in recruiting the remaining positions once an award is publicly announced. However, until there is a final award announcement, the process of filling key positions has been complex due to the following factors:
 - Until there is an award announcement, GREABHA is not able to publicly recruit.
- GREABHA has held discussions with people who are currently employed by potential competitors.
 They are reluctant to have their names revealed or make commitments because of possible repercussions from current employers.
- GREABHA is not able to secure commitments for many positions -- such as Customer Service Representatives, Care Managers, etc. -- until it can be determined which GSAs are awarded to us.
- Once we know which GSAs are awarded to us, it is our intention to hire staff from the GSAs and to recruit qualified individuals from incumbent organizations who are able to embrace the proposed model.

Volume 1, item i

Limit 1 page

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Using DHS Uniform Terms & Conditions

GREABHA will use the DHS Uniform Terms & Conditions in all behavioral health provider and 6 management services subcontracts.

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Volume 1, item j

Limit 1 page

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1. Answering Customer Service and Crisis Response Calls

Crisis Call Management (NurseWise 24/7)

GREABHA will contract with NurseWise as a provider for 24/7 crisis triage and management services, telephonic outreach, and after-hours customer service, as delineated below. NurseWise's current operation is in El Paso, Texas, and NurseWise will open a local office in Arizona.

- In the event that GREABHA is awarded the contracts in GSAs 1, 2 & 4, or GSAs 1 & 2, or GSAs 1 & 4, or only GSA 1, then NurseWise's Arizona operation will perform 24/7 crisis call management and triage, telephonic outreach, and after-hours customer service,.
- In the event that GREABHA is awarded only GSA 2 or only GSA 4, then NurseWise's Arizona operation will manage calls from 8am-5am Monday through Friday. After-hours calls would be managed through the El Paso operation.
- In the event that GREABHA is awarded GSAs 2 & 4, we will conduct discussions with ADHS/DBHS to determine the feasibility of NurseWise's Arizona operation performing after-hours customer service.
- MurseWise Crisis Staff Qualifications: All NurseWise crisis staff will be Arizona Licensed Registered
 Nurses with behavioral health experience or Arizona Independently Licensed Behavioral Health
 Professionals, and will meet the minimum qualifications outlined in the ADHS/DBHS Covered Services
 Guide.
- Customer Service: GREABHA will provide customer service through the GREABHA Customer Service department during normal business hours, Monday through Friday. GREABHA will contract with NurseWise to provide after-hours customer service. NurseWise will employ Customer Service Representatives (CSRs) to answer customer service calls after hours.
- Minimum Qualifications of Customer Service Staff: All customer service staff will have a High School Degree with customer service and behavioral health experience (i.e., behavioral health tech or behavioral health paraprofessional status) and will be supervised by Independently Licensed Behavioral Health professionals. Crisis calls coming in on customer service lines are only triaged by CSRs, and are immediately referred to a clinical staff person. CSRs will have the ability to notify a clinician of a crisis call without putting the caller on hold. The clinician will physically walk to the CSR's station and will plug into the call.
- 32 GREABHA stipulates that we will contract, train, and monitor NurseWise to ensure understanding, and compliance with all Arizona principles. GREABHA will ensure that NurseWise staff are prepared and continually trained to correctly and effectively provide information, process referrals, and perform any of the customer service functions listed in the RFP.

2. Toll Free Numbers

- The numbers that have been established are as follows:
 - 866-495-6735 This number will be the Crisis line and will go directly to an RN without any prompts or options. This will be a published number.
- 866-495-6738 This number will be for GREABHA, with options for English and Spanish, Customer Service, Provider Assistance, etc. This will be a published number.
 - 866-495-6736 This number will not be published, but will be given to callers when NurseWise needs to leave a message for their outbound calls. This number will enable a caller to reach someone by extension or to speak to next available representative.

The first numbers will be publicized in the following venues: GREABHA website, behavioral health recipient handbooks, resource directory of local telephone books, behavioral health brochures (available at provider offices, community advocacy agencies, etc.), new enrollee welcome packets; notices posted in provider offices and other community resources (this will not preclude providers from being the primary contact for crisis calls from behavioral health recipients).

Volume 1, item n

Limit 2 pages

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1. Affects to our Offer Resulting from Award of one or two GSAs

GREABHA has created a model that leverages the efficiencies and economies of scale that can be achieved if we are awarded all three GSAs. It is understood that the ADHS/DBHS reserves the right to award all or any combination of GSAs, and GREABHA has created administrative and service structures for this possibility. We are committed to maintaining an appropriate service and administrative structure for any combination of GSAs awarded to us, as well as a local presence in each GSA. GREABHA believes that the commitment from the current key staff (i.e., CEO, CMO, CFO) is solid, provided that we are able to maintain a central administrative office in the Maricopa County area.

Changes if Less than Three GSAs are Awarded

NurseWise Operations: As described earlier, NurseWise's after-hours operations may be based in El Paso, Texas if GREABHA is only awarded GSA 2 or GSA 4. In the event that GREABHA is awarded GSAs 2 & 4, we will conduct discussions with ADHS/DBHS concerning the location of NurseWise's after-hours customer service. If awarded GSA 1 or any other combination of award that includes GSA 1, NurseWise's after-hours operations will be conducted from its Arizona location.

Changes to GREABHA's Organization: Careful consideration has been given to GREABHA's structure, depending on the combinations of GSAs that we may be awarded. As the number of Medicaid eligibles is reduced, the number of staff is reduced, with additional consolidation of responsibilities. However, in all scenarios, we have preserved the basic structure and model, which supports our philosophy of behavioral recipient empowerment and access to services.

GSA 1 plus either GSA 2 or GSA 4: The structures of the GREABHA in these scenarios will be similar to the organizational structure that we will implement if GREABHA is awarded all three GSAs. All positions required by the RFP will be maintained, although in some instances, these required functions may be combined into one FTE, or may be reduced to a less than full-time FTE. In this scenario, for example, the Interagency Liaison and Policy Liaison positions will be combined; and the Customer Service & Clinical Operations Administrator positions will be combined. Proportional reductions will be made in the Children's Medical Administrator and the number of FTEs for Care Managers, Quality Staff, Provider Training staff, Rapid Response Staff, Natural Supports Specialists, Field consumer Outreach Representatives and Consumer Staff Representatives.

GSA 1 Only (See Organizational Chart): The structure will be similar to the structure of GSA 1 plus one of the other GSAs noted above, with proportional reductions made in the number of FTEs for Care Managers, Quality Staff, Provider Training staff, Rapid Response Staff, Natural Supports Specialists, Field Consumer Outreach Representatives, and Consumer Staff Representatives. In addition, a reduction of one FTE will occur in the Network Department, and the Emergency Response Liaison and Rapid Response Administrator positions will be combined into one FTE. Also, in this and the following award scenarios, positions required by the RFP -- such as Child Welfare Expert, Arizona State Hospital Liaison, Human Right Liaison, and Health Plan Liaison -- may be part-time or combined to form full-time equivalent positions.

GSA 2 plus GSA 4: Proportional and careful adjustments to staffing would affect all areas in the GREABHA structure without affecting GREABHA's ability to implement our model as described in our proposal. Additional consolidations of key job functions would occur in the following positions: The Corporate Compliance Officer and G&A Administrator would be combined into one position, and the Chief Officer of Community & Consumer Affairs functions would be combined with the Cultural Expert function. In addition, in this scenario, the Consumer Outreach Administrator responsibilities would also fall under the Chief Officer of Community & Consumer Affairs, with fewer Natural Supports Specialists, Field Consumer Outreach Representatives and Consumer Staff Representatives to supervise. Furthermore, the Tribal Liaison position would be eliminated, as the demographic proportion of Native Americans is greatly reduced in these GSAs.

- GSA 2 or GSA 4 (See Organizational Chart): Even if GREABHA is awarded one of the smaller regions, the responsibilities required by the RFP will be met. Changes include: consolidation of positions into one FTE; i.e., the Information Systems & Claims Encounter positions will be combined, and the Provider
- 4 Contracting and Credentialing functions will be combined. While proportional reductions will be made
- 5 across all departments in this structure, care has been taken in planning to ensure that all required
- functions have been adequately staffed. Furthermore, the Tribal Liaison position would be eliminated, as
- 7 the demographic proportion of Native Americans is greatly reduced in these GSAs.

Ensuring Local Presence in Each GSA

- GREABHA will open satellite offices in each of the GSAs to correspond with the number of GSAs we are awarded (e.g., if we are awarded all three GSAs, we will open one satellite office in each of the GSAs; if
- we are awarded GSAs 1 & 4, we will open a satellite office in those two GSAs, etc.). GREABHA will
- 12 ensure that each satellite office has sufficient office space, as well as a waiting room and a
- 13 conference/training room. GREABHA will hire at least one FTE position for each of the GSAs; these
- 14 FTEs will be either Consumer Services Representatives (CSRs), Natural Support Specialists or Field
- 15 Consumer Representatives.

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- The location that GREABHA is considering in GSA 1 is in Navajo County (Winslow, AZ). This office is in a
- 17 rural area adjacent to the Hopi Indian Community and Navajo Nation and is underserved for behavioral
- 18 health services in general. In GSA 2, GREABHA is considering locating our satellite office in Yuma
- County (Yuma, AZ), where there is currently a high concentration of behavioral health recipients and
- 20 existing behavioral health services. In GSA 4, GREABHA will establish a satellite office in either Pinal or
- 21 Gila counties; both Globe and Florence are currently under consideration as possible locations for our
- 22 satellite office. GREABHA also understands that having a local presence requires more than co-locating
- offices in each of the GSAs with a staff person. We expect that our Natural Support Specialists, Field
- 24 Consumer Outreach Representatives, Consumer Staff Representatives, and network and training staff
- will be traveling to these GSAs as needed, and spending time working out of these offices.

Volume 2, item b – GSA #1

Limit 2 pages

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1. Grant Writing

GREABHA has added a full time equivalent staff person in the quality management department who will be a dedicated resource to facilitate grant writing. This resource will support all three GSAs and will be available to orchestrate grant writing activities, and train and support provider organizations. The Grant Writer will identify grant opportunities and facilitate the writing of grants to enhance services, housing and program development throughout the three GSAs. Through GREABHA and CBH, GREABHA will also have access to several internal resources who have experience in writing grants and obtaining federal funding through HUD, SAMSA, CSAT and similar federal agencies. GREABHA will also utilize subject matter experts in the communities, who will serve as consultants for specialized grant writing needs.

2. Tribal Members and Members without Telephones

NurseWise will use various methods to outreach tribal consumers. NurseWise will aggressively seek to recruit staff who speak Navajo and other Native dialects; will utilize bilingual English/Spanish staff for translation when appropriate; and will utilize the services of the AT&T language line for interpreter services for Navajo, as well as the Certified Languages International (certifiedlanguages.com) language line for interpretation in Apache, and Cyracom International (cyracom.net) for interpretation in Hopi. These translation services will also be available to providers if they require translation services for members. GREABHA will work with community service centers to allow behavioral health recipients and consumers to use their facilities as a location from which to call NurseWise.

GREABHA will provide support to Indian Community Centers to increase access to telephonic services. GREABHA will also work with the Native American Communities and community elders to leverage the use of Native field supports to facilitate contact with recipients and their families. Consumer outreach staff will collaborate with community elders to increase connectivity and enhance access to services through community development efforts. GREABHA will utilize the expertise of Native American connections to complete a needs assessment and facilitate the development of a strategic plan to increase connectivity in Indian Communities.

3. Enabling NurseWise To Store Service Plans, Medication Regimens, And All Other Member Information

Our original proposal described a comprehensive data system that would consist of an electronic service plan record for each behavioral health consumer receiving services in Greater Arizona. We believe that this strategy ultimately has promise as a resource for providers, and as a powerful quality monitoring tool. However, we also recognize that implementing such a comprehensive system in year 1 of the contract would be an ambitious undertaking, and might create an unnecessary burden on the system, as providers need to adapt rapidly to new systems and processes. Therefore, we propose a phased implementation strategy, as follows:

- Phase One strategy: In the first year of the contract, GREABHA will utilize a key indicator quality
 measurement approach that documents the completeness of required elements for monitoring
 purposes. When a behavioral health recipient initiates treatment, the service provider will be asked to
 submit the following data to GREABHA:
 - o Completion of individualized service plans
 - Clinical Liaison Assignment and contact
 - Access to care

- o Consistent use of medications by recipients
- Consistent use of treatment services
- o Frequency of treatment team meetings
- GREABHA will accept information either electronically, or using a paper form. The information will be loaded into the clinical database. These data will be collected and submitted on a monthly basis, and analyzed in relation to pharmacy and service encounter reports to ensure that all quality indicators are being met.
- This strategy will allow GREABHA to ensure that each consumer is continuing to be engaged in treatment in accordance with his/her service plan. Decision rules will be created to identify behavioral health recipients with gaps in encounters, or encounters that do not match their service plans. For

instance, if medication is part of the service plan and a consumer goes for more than 30 days beyond the expiration of the previous prescription without a prescription refill, then the consumer's record would be flagged for re-engagement in treatment. A first strategy would be for the GREABHA Training Department to contact the consumer's service provider and ask about follow-up care provided. If the service provider has followed ADHS/DBHS policies and procedures for re-engaging consumers in treatment, but the consumer has not responded, then a second strategy would be for NurseWise to outreach the consumer directly in order to re-engage him/her in services.

GREABHA's Provider Training and Assistance Team will review a random sample of treatment records at each provider site to ensure that the required information has been submitted to GREABHA in an accurate and timely fashion.

Whenever a consumer has contact with NurseWise, either based on a consumer-initiated call to NurseWise or based on an outreach call made by NurseWise to high-risk enrollees, the NurseWise staff member will open the consumer's clinical record in this database, and will verify the information with the caller and utilize the information to assist the caller in accessing services or problem-solving service delivery issues.

• Future enhancements: Other enhancements that may be considered in the future include: additional treatment record elements, such as completion of the Strengths and Culture Discovery Plan, Recovery Plan, Crisis Plan, and the involvement of community supports in the treatment team. Also, GREABHA will continue to educate and train providers about various ways to submit this information, so that the data system becomes a provider tool in addition to an administrative data warehouse. An effective tool for high-speed data entry would involve the use of the OCR data scanners that were demonstrated to ADHS/DBHS during the site visit to Centene's Claims Service Center.

4. Locating NurseWise in Arizona for 24/7 Service Provision

GREABHA will contract with NurseWise as a provider for 24/7 crisis triage and management services. NurseWise will open and maintain an operation in Arizona to answer crisis calls and perform triage services. The NurseWise Arizona operation will be staffed locally and will operate on a 24/7 basis if GREABHA is awarded GSA 1 or a combination of GSAs. If GREABHA is awarded a contract only in GSA 2 or only in GSA 4, <u>after hours</u> calls will be managed through the NurseWise office in El Paso to reduce the cost of these services in smaller GSAs. In this event, calls would be managed 8-5 Monday through Friday through NurseWise's Arizona operations, and all after hours calls would be managed through the NurseWise's El Paso operations. In the event that GREABHA is awarded GSAs 2 & 4, we will conduct discussions with ADHS/DBHS to determine the feasibility of NurseWise's Arizona operation performing after-hours customer service.

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All NurseWise crisis staff will be Arizona Licensed Registered Nurses with behavioral health experience or Arizona Independently Licensed Behavioral Health Professionals, and will meet the minimum qualifications outlined in the ADHS/DBHS Covered Services Guide and will meet ADHS/DBHS' requirements, including: obtaining OBHL license as an outpatient clinic (including CMS certification for tribal providers), meeting provider standards as set forth in the Covered Service Guide, and obtaining an AHCCCS provider ID as an AHCCCS registered provider.

6. Involving Adult Teams and Child and Family Teams

GREABHA will facilitate the process for the behavioral health recipient's Clinical Liaison as the representative of the Adult Team or Child and Family team to conduct treatment team meetings while behavioral health recipients are receiving care in out of area facilities. This will occur either via telephone or videoconferencing or, when possible, in person. GREABHA care managers will perform utilization review on all inpatient stays and will facilitate teleconferences between hospital staff and the Clinical Liaison and other Team members. GREABHA staff will assist in developing discharge plans that are consistent with the behavioral health recipient's service plan goals.

Volume 2, item b – GSA #2

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- Phase One strategy: In the first year of the contract, GREABHA will utilize a key indicator quality
 measurement approach that documents the completeness of required elements for monitoring
 purposes. When a behavioral health recipient initiates treatment, the service provider will be asked to
 submit the following data to GREABHA:
 - Completion of individualized service plans
- o Consistent use of medications by recipients
- Clinical Liaison Assignment and contact
- o Consistent use of treatment services

Access to care

Frequency of treatment team meetings

GREABHA will accept information either electronically, or using a paper form. The information will be loaded into the clinical database. These data will be collected and submitted on a monthly basis, and analyzed in relation to pharmacy and service encounter reports to ensure that all quality indicators are being met.

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• Future enhancements: Other enhancements that may be considered in the future include: additional treatment record elements, such as completion of the Strengths and Culture Discovery Plan, Recovery Plan, Crisis Plan, and the involvement of community supports in the treatment team. GREABHA will continue to educate and train providers about various ways to submit this information, so that the data system becomes a provider tool in addition to an administrative data warehouse. An effective tool for high-speed data entry would involve the use of the high speed OCR data scanners that were demonstrated to ADHS/DBHS during the site visit to Centene's Claims Service Center.

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Volume 2, item b – GSA #4

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7 8 9 Following please find a revised version of Attachment C, which includes substantial changes from the version submitted in our original proposal.

1. GSA 1: Attachment C – Minimum Network Requirements

1. List the minimum number of provider types/services that will be maintained throughout the network per the unit listed.

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Subacute facility capable of accepting walk-ins Provider types B5, B6, B7	4	5	Number of facilities	Flagstaff Kingman Prescott Show Low Cottonwood
	40	81	Number of adult beds	Flagstaff Kingman Prescott Show Low Cottonwood
Subacute facility (excluding detox services) Provider types B5, B6	ees) 20	7	Number of child beds	Flagstaff Kingman Prescott Show Low Cottonwood
	30	19	Number of adolescent beds	Flagstaff Kingman Prescott Show Low Cottonwood
	100	6	Number of adult beds	Phoenix Tucson Prescott Flagstaff
Inpatient service Provider types 02,71	20	3	Number of child beds	Phoenix Tucson Prescott Flagstaff
	20	5	Number of adolescent beds	Phoenix Tucson Prescott Flagstaff
Inpatient detoxification services Provider types 02, 71, B5, B6	15	25	Number of adult beds	Flagstaff Phoenix Tucson

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
RTC Provider types 78, B1,	20	5	Number of child beds	Phoenix Area Tucson
B2, B3	30	15	Number of adolescent beds	Phoenix Area Tucson
Level II	10	24	Number of adult beds	Phoenix Area Payson
Provider type 74	20	5	Number of child beds	Dewey Phoenix Area Payson
Level III	10	10	Number of adult beds	Phoenix Area
Provider type A2	10	20	Number of child beds	Phoenix Area
Therapeutic Foster Care Homes	10	15	Number of adult placements	Cottonwood Show Low Sedona Payson Williams Tuba City Holbrook Flagstaff Kingman Prescott Lake Havasau City Bullhead City
Provider type A5	40	70	Number of child placements	Cottonwood Show Low Sedona Payson Williams Tuba City Holbrook Flagstaff Kingman Prescott Lake Havasau City Bullhead City
Housing	100	150	Number of persons with a serious mental illness who will be assisted in locating or maintaining housing	Not applicable.
Pharmacy locations Provider type 03	75	50	Number of locations	Not applicable.
Methadone maintenance services Provider type 77	2	2	Number of agencies	Flagstaff Bullhead City

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Outpatient agencies Provider type 77	9	10	Number of agencies	Kingman Holbrook Prescott Flagstaff St Johns Page Second Mesa Window Rock White River Cottonwood (only home office locations listed for agencies)
	5	1	Number of agencies	To Be Determined
Habilitation Providers Provider type 39	10	5	Number of habilitation providers not associated with agencies	Kingman Show Low Flagstaff Prescott Holbrook
Community Service Agencies	2	2	Number that are consumer-operated	Prescott Flagstaff Prescott Cottonwood Holbrook Show Low
Provider type A3	5	5	Number that are not consumer-operated	Prescott Flagstaff Kingman Show Low Cottonwood
Behavioral Health Recipients to deliver Peer Support Services	20	40/70/100	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
Family Members to deliver Peer Support Services	20	40/70/100	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
	8	2	Full Time Equivalents for am shift	Not applicable.
Crisis response telephone	10	3	Full Time Equivalents for pm shift	Not applicable.
	4	2	Full Time Equivalents for night shift	Not applicable.
	6	10	Full Time Equivalents for am shift	Not applicable.
Mobile crisis	6	12	Full Time Equivalents for pm shift	Not applicable.
	2	11	Full Time Equivalents for night shift	Not applicable.

2. List the minimum total number of full time equivalents that will be working within outpatient clinics or operating independently as applicable for each professional level stated below.

Staffing type	Proposal Minimum Number	BAFO Revised Number	Units
Paraprofessionals	194	100	Full Time Equivalents
	167	160	Full Time Equivalents
Behavioral Health Technicians (BHT)	150	60	Of the above stated FTE number of BHTs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
Dala issalilla dil Darfassis sala	220	160	Full Time Equivalents
Behavioral Health Professionals (BHP) (Do not include Psychiatrists, Nurse Practitioners, or Physician Assistants)	150	130	Of the above stated FTE number of BHPs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
	36	37	Full Time Equivalents
Psychiatrists, Nurse Practitioners, or Physician Assistants	4	1	Of the above stated FTE number of BHPs in this category, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
	450	1025	Number of hours per week dedicated to medication assessment and prescribing

2. Behavioral Health Recipients as Peer Support Staff

GREABHA is committed to effectively implementing the Arizona principles. Recognizing the critical role of behavioral health recipients as peer support staff to the success of the system, GREABHA has significantly increased the numbers of peer support and family support staff. GREABHA will work over the next three years to incrementally phase in the number of behavioral health recipients and family support staff who are trained to deliver support services. The first year, we will increase to 40 peer support specialists and 40 family member support specialists. In year two, we will increase to a total of 70 peer support specialists and 70 family member support specialists. In year three, GREABHA will increase to 100 of each.

3. Mobile Crisis FTEs

GREABHA will monitor the implementation of the Mobile Crisis program, review its success, and ensure that it meets ADHS/DBHS' expectations. GREABHA will facilitate the development of a multidimensional crisis system that is customized to the needs of the communities. EMPACT-SPC, which provides consistency, a high level of competency and economies of scale, will be the centralized provider for crisis services in this GSA.

EMPACT-SPC has a long history in Arizona around the provision of crisis services and suicide prevention services. They have the knowledge, supervisory staff and the protocols available to implement mobile crisis services in this GSA.

- The Mobile Crisis Services will be tailored to meet the unique cultural and local needs of each area. This 23 system will look different in different communities; however, all will have a single access number to
- request services. The system will also be continually evaluated and refined to meet the community needs.
- 4 The system will consist of mobile crisis providers in urban areas as well as rapid response providers in 5 smaller communities.
- 6 A 24/7 mobile team will be provided by EMPACT-SPC in Flagstaff. In addition to the mobile team in 7 Flagstaff, EMPACT-SPC will provide a rapid response team in the communities of Show Low,
- 8 Cottonwood, Prescott, Kingman, Lake Havasu and Holbrook. These teams will be recruited from the local
- 9 communities and each will be housed in the designated community. Each team will involve one van each.
- 10 Staff will be placed strategically in order to keep travel within a 1 hour travel radius. In addition, EMPACT-
- 11 SPC will utilize on-call staff to ensure 24/7 coverage.
- 12 In addition, an EMPACT-SPC rapid response therapist will be available to see consumers for follow up
- 13 after the crisis, facilitate access to natural supports and find resources, such as emergency housing or
- 14 food boxes, and deliver crisis training and prevention services (e.g., around suicide prevention, substance
- 15 abuse and child abuse) in the community. One strategy would be to utilize off duty fire, police and EMT
- 16 providers as on-call staff to ensure adequate coverage. This strategy would likely apply most often in the
- 17 Native American reservation areas or other very remote areas. These staff would be employed and
- 18 supported by EMPACT-SPC.

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Prescribers Capacity

- We have identified several methods in which we intend to improve psychiatric availability:
- 21 Proactively work with provider agencies to help them recruit psychiatrists, nurse practitioners, and 22 addictionologists who are currently delivering care in the commercial marketplace.
- 23 Develop and facilitate current Telemedicine programming through our comprehensive service 24 providers and agencies
 - Aggressively work to increase prescriber capacity by a target of 10% (FTE) in each subsequent year, through efforts to support comprehensive service provider recruitment efforts
- 27 The number of hours per week dedicated to medication assessment and prescribing has been 28 significantly increased from the original proposal. The increase in the number of hours anticipates that 29 75% of the prescribers' time will be dedicated to medication assessment and prescribing.

5. Therapeutic Foster Care for Children

- 31 GREABHA intends to increase the availability of Therapeutic Foster Care services for children in local
- 32 communities to make it possible for children to remain in their communities and reduce reliance on out of
- 33 community placements.
- 34 Our goal is to develop placements that are close to the child's home, in an effort to facilitate reintegration
- 35 with their family. We have increased the number of planned Therapeutic Foster Care homes, which we
- 36 plan to increase incrementally over the next three years. We anticipate that our minimum number of
- 37 Therapeutic Foster Care homes may need to be further increased depending on the demands related to
- 38 children and adolescents in the care and custody of the state.
- 39 We will use peer and family support to wrap around behavioral health recipients and their families and to
- 40 assist families in maintaining children in their current living situations.

6. Therapeutic Foster Care for Adults

- 42 GREABHA intends to increase the availability of Therapeutic Foster Care services for adults in local
- 43 communities to make it possible for persons with serious mental illnesses to remain in their communities 44 and to reduce reliance on out of community placements. Our goal is to develop placements that are close
- 45 to the recipient's support system, in an effort to facilitate reintegration their community. We have
- 46 increased the number of placements, which we plan to increase incrementally over the next three years.

7. Inpatient Detoxification Services

- 2 GREABHA intends to expand the availability of inpatient detoxification services through the use of medical surgical facilities for medical detox and the use of Psychiatric Hospital Facilities (PHFs) for social detox.
- We have identified additional services in the area, and we will work with comprehensive service providers to integrate these services in the continuum of care for substance abuse services.

7 8. Level II Adult Beds

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8 Level II adult beds were increased based on additional capacity that currently exists in the system.

9 9. Level II Children Beds

10 Child/Adolescent level II beds have been reduced to correlate with anticipated need. It is understood that additional beds are available in Arizona to accommodate fluctuations in use.

10. Housing for Persons with SMI

- Housing for persons with serious mental illness has been increased to support the current recipients in care and to address the growing need for these services. GREABHA will assist provider agencies in
- applying for HUD grants to increase the availability of housing units in this GSA. HUD Grant writing
- 16 assistance will be provided by internal and external consultants supplied by GREABHA.

11. Additional Changes

- Additional changes that were made to the minimum provider/service grid are detailed above in the updated Attachment C: Minimum Network Requirements for GSA 1.
- Additionally, the following table indicates all of the Letters of Intent (LOIs) that GREABHA has received to date. Copies of the new LOIs that have been received since the submission of our original proposal can
- be found in Attachment B: Letters of Intent.

Cenpatico Behavioral Health State of Arizona Letter of Intent Listing by GSA				
PROVIDER	CITY	GSA		
Arizona Baptist Children's Services (Residential)	Glendale	1,2,4		
Arizona's Children Association	Tucson	1,2,4		
Child & Family Services of Yuma	Yuma	2		
Community Behavioral Health Services	Page	1		
Community Counseling Centers, Inc.	Holbrook	1		
Corazon Behavioral Health Services	Casa Grande	4		
Devereux Arizona (Residential)	Scottsdale	1,2,4		
Empact-SPC (Crisis Services)	Tempe	1,2,4		
Florence Crittendon Services of AZ, Inc. (Residential)	Phoenix	1,2,4		
Helping Associates, Inc.	Casa Grande	4		
Hopi Guidance Center	Second Mesa	1		
Horizon Human Services, Inc.	Casa Grande	4		
Intensive Treatment Systems	Phoenix	1,2,4		
La Frontera Center, Inc.	Tucson	2,4		
Maricopa Integrated Health System (Inpatient Services)	Mesa	1,2,4		
Meta Services, Inc. (Training)	Phoenix	1,2,4		
NurseWise (Crisis Telephone)	Phoenix	1,2,4		
Palo Verde Mental Health Services (Inpatient)	Tucson	1,2,4		
Park Place Outreach & Counseling Centers, Inc.	Arizona City	4		
Pinal Hispanic Council	Eloy	4		
Providence of Arizona	Phoenix	1,2,4		
Sonora Behavioral Health Hospital (Inpatient)	Tucson	1,2,4		

Cenpatico Behavioral Health State of Arizona Letter of Intent Listing by GSA					
PROVIDER	CITY	GSA			
Southwest Ambulance	Mesa	2,4			
St. Luke's Behavioral Health Center (Inpatient)	Phoenix	1,2,4			
Superstition Mountain Mental Health Center, Inc.	Apache Junction	4			
The Excel Group	Yuma	2			
The Guidance Center	Flagstaff	1			
Southwest Behavioral Health	Payson	4			
The Southwest Network (Southwest Behavioral Health, Arizona Children, Touchstone Behavioral Health)	Phoenix	1,2,4			
Triple R. Behavioral Health	Mesa	4			
Valle Del Sol, Inc.	Phoenix	1,2,4			
Verde Valley Guidance Center	Cottonwood	1			
West Yavapai Guidance Clinic	Prescott	1			
Yuma Treatment Center	Yuma	2			
Community Intervention Associates (New LOI)	Yuma	2			
Mohave MH Clinic, INC. (New LOI)	Kingman	1			
Native American Connections (New LOI)	Phoenix	1,2,4			
San Carlos Apache Wellness (New LOI)	San Carlos	4			
Arizona Counseling & Treatment Services, LLC (New LOI)	Yuma	2			
Chicano Por La Causa (New LOI)	Phoenix	2,4			
Mingus Center (New LOI)	Cottonwood	1,2			

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Following please find a revised version of Attachment C, which includes substantial changes from the version submitted in our original proposal.

GSA 2: Attachment C – Minimum Network Requirements 1.

1. List the minimum number of provider types/services that will be maintained throughout the network per the unit listed.

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Subacute facility capable of accepting walk-ins Provider types B5, B6, B7	3	1	Number of facilities	Yuma
Subacute facility	20	12	Number of adult beds	Yuma
(excluding detox services)	10	6	Number of child beds	Yuma
Provider types B5, B6	15	6	Number of adolescent beds	Yuma
Inpatient service Provider types 02,71	40	18	Number of adult beds	Phoenix Area Tucson
	10	6	Number of child beds	Phoenix Area Tucson
	10	10	Number of adolescent beds	Phoenix Area Tucson
Inpatient detoxification services Provider types 02, 71, B5, B6	10	10	Number of adult beds	Yuma Phoenix Area Tucson
RTC Provider types 78, B1, B2, B3	5	5	Number of child beds	Yuma Phoenix Area Tucson
	10	10	Number of adolescent beds	Yuma Phoenix Area Tucson
Level II Provider type 74	5	10	Number of adult beds	Yuma Phoenix Area Casa Grande
	10	18	Number of child beds	Phoenix Area Tucson
Level III Provider type A2	5	5	Number of adult beds	Casa Grande Phoenix Area
	10	10	Number of child beds	Yuma Phoenix Area Tucson Wickenberg

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Therapeutic Foster Care Homes	5	10	Number of adult placements	Yuma Parker
Provider type A5	20	35	Number of child placements	Yuma Parker
Housing	30	200	Number of persons with a serious mental illness who will be assisted in locating or maintaining housing	Not applicable.
Pharmacy locations Provider type 03	30	10	Number of locations	Not applicable.
Methadone maintenance services Provider type 77	1	1	Number of agencies	Yuma
Outpatient agencies Provider type 77	5	7	Number of agencies	Yuma Parker San Luis Quartzsite Walton
	2	1	Number of agencies	Yuma
Habilitation Providers Provider type 39	6	6	Number of habilitation providers not associated with agencies	Yuma Parker
Community Service Agencies Provider type A3	2	2	Number that are consumer- operated	Yuma Parker
	2	2	Number that are not consumer-operated	Yuma Parker
Behavioral Health Recipients to deliver Peer Support Services	12	15/25/40	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
Family Members to deliver Peer Support Services	12	15/25/40	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
Crisis response telephone	8	2	Full Time Equivalents for am shift Not application	
	10	2	Full Time Equivalents for pm shift Not applicab	
	4	2	Full Time Equivalents for night shift	Not applicable.
Mobile crisis	2	2	Full Time Equivalents for am shift	Not applicable.
	2	4	Full Time Equivalents for pm shift	Not applicable.
	2	3	Full Time Equivalents for night shift	Not applicable.

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2. List the minimum total number of full time equivalents that will be working within outpatient clinics or operating independently as applicable for each professional level stated below.

Staffing type	Proposal Minimum Number	BAFO Revised Number	Units
Paraprofessionals	60	40	Full Time Equivalents
Behavioral Health Technicians (BHT)	40	40	Full Time Equivalents
	30	20	Of the above stated FTE number of BHTs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
Behavioral Health Professionals (BHP) (Do not include Psychiatrists, Nurse Practitioners, or Physician Assistants)	50	50	Full Time Equivalents
	40	35	Of the above stated FTE number of BHPs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
Psychiatrists, Nurse Practitioners, or Physician Assistants	15	8	Full Time Equivalents
	13	0.5	Of the above stated FTE number of BHPs in this category, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
	320	221	Number of hours per week dedicated to medication assessment and prescribing

2. Clinical Liaisons

GREABHA is committed to ensuring the adequate availability of clinical liaisons. GREABHA has established an expectation of 60 clinical liaisons in this GSA.

3. Mobile Crisis FTEs

- GREABHA will provide a multidimensional crisis system that is customized to the needs of the communities. EMPACT-SPC, which provides consistency, a high level of competency and economies of scale, will be the centralized provider for crisis services in this GSA.
- EMPACT-SPC has a long history in Arizona around the provision of crisis services and suicide prevention services. They have the knowledge, supervisory staff and the protocols available to implement mobile crisis services in this GSA.
- The Mobile Crisis Services will be tailored to meet the unique cultural and local needs of each area. This system will look different in different communities; however, all will have a single access number to
- request services. The system will also be continually evaluated and refined to meet specific community
- needs. The system will consist of mobile crisis providers in urban areas as well as rapid response
- 19 providers in smaller communities.
- A 24/7 mobile team will be provided by EMPACT-SPC in Yuma. The team will be recruited from Yuma and housed in Yuma. The team will involve one van.

4. Housing for Persons with SMI

Housing for persons with serious mental illness has been increased to support the current recipients in care and to address the growing need for these services. GREABHA will assist provider agencies in applying for HUD grants to increase the availability of housing units in this GSA. HUD Grant writing assistance will be provided by internal and external consultants supplied by GREABHA.

5. Level II Adult Beds

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7 Level II adult beds were increased based on additional capacity that currently exists in the system.

6. Additional Changes

- Additional changes that were made to the minimum provider/service grid are detailed above in the updated Attachment C: Minimum Network Requirements for GSA 2.
- Additionally, the following table indicates all of the Letters of Intent (LOIs) that GREABHA has received to
- date. Copies of the new LOIs that have been received since the submission of our original proposal can
- be found in Attachment B: Letters of Intent.

Cenpatico Behavioral Health State of Arizona Letter	of Intent Listing by	GSA
PROVIDER	CITY	GSA
Arizona Baptist Children's Services (Residential)	Glendale	1,2,4
Arizona's Children Association	Tucson	1,2,4
Child & Family Services of Yuma	Yuma	2
Community Behavioral Health Services	Page	1
Community Counseling Centers, Inc.	Holbrook	1
Corazon Behavioral Health Services	Casa Grande	4
Devereux Arizona (Residential)	Scottsdale	1,2,4
Empact-SPC (Crisis Services)	Tempe	1,2,4
Florence Crittendon Services of AZ, Inc. (Residential)	Phoenix	1,2,4
Helping Associates, Inc.	Casa Grande	4
Hopi Guidance Center	Second Mesa	1
Horizon Human Services, Inc.	Casa Grande	4
Intensive Treatment Systems	Phoenix	1,2,4
La Frontera Center, Inc.	Tucson	2,4
Maricopa Integrated Health System (Inpatient Services)	Mesa	1,2,4
Meta Services, Inc. (Training)	Phoenix	1,2,4
NurseWise (Crisis Telephone)	Phoenix	1,2,4
Palo Verde Mental Health Services (Inpatient)	Tucson	1,2,4
Park Place Outreach & Counseling Centers, Inc.	Arizona City	4
Pinal Hispanic Council	Eloy	4
Providence of Arizona	Phoenix	1,2,4
Sonora Behavioral Health Hospital (Inpatient)	Tucson	1,2,4
Southwest Ambulance	Mesa	2,4
St. Luke's Behavioral Health Center (Inpatient)	Phoenix	1,2,4
Superstition Mountain Mental Health Center, Inc.	Apache Junction	4
The Excel Group	Yuma	2
The Guidance Center	Flagstaff	1
Southwest Behavioral Health	Payson	4
The Southwest Network (Southwest Behavioral Health, Arizona		
Children, Touchstone Behavioral Health)	Phoenix	1,2,4
Triple R. Behavioral Health	Mesa	4
Valle Del Sol, Inc.	Phoenix	1,2,4
Verde Valley Guidance Center	Cottonwood	1

Cenpatico Behavioral Health State of Arizona Letter of Intent Listing by GSA				
PROVIDER	CITY	GSA		
West Yavapai Guidance Clinic	Prescott	1		
Yuma Treatment Center	Yuma	2		
Community Intervention Associates (New LOI)	Yuma	2		
Mohave MH Clinic, INC. (New LOI)	Kingman	1		
Native American Connections (New LOI)	Phoenix	1,2,4		
San Carlos Apache Wellness (New LOI)	San Carlos	4		
Arizona Counseling & Treatment Services, LLC (New LOI)	Yuma	2		
Chicano Por La Causa (New LOI)	Phoenix	2,4		
Mingus Center (New LOI)	Cottonwood	1,2		

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7. Prescribers who will Serve as Clinical Liaisons

Our intention is to use 0.5 FTE of prescriber time to support the clinical liaison function. Due to the limited number of current and potential prescribers in GSA 2, we have determined that it is not a prudent use of a prescriber's time unless a recipient specifically requests that a prescriber serves as a Clinical Liaison.

8. Ensuring that Sufficient Time is Dedicated to Medication Assessment and Prescribing

- We have identified several methods in which we intend to improve psychiatric availability:
- Proactively recruit psychiatrists, nurse practitioners, and addictionologists who are currently delivering care in the commercial marketplace.
- Develop and facilitate current Telemedicine programming through our comprehensive service
 providers and agencies
- The number of hours per week dedicated to medication assessment and prescribing has been significantly increased from the original proposal. The increase in the number of hours anticipates that 75% of prescribers' time will be dedicated to medication assessment and prescribing.

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1. List the minimum number of the unit listed.	provider typ	es/services	that will be maintained throu	ighout the network per
	Proposal	BAFO		List Service

version submitted in our original proposal.

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Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Subacute facility capable of accepting walk-ins Provider types B5, B6, B7	3	1	Number of facilities	Apache Junction
Subacute facility	14	14	Number of adult beds	Apache Junction
(excluding detox services)	10	2	Number of child beds	Phoenix Area
Provider types B5, B6	10	5	Number of adolescent beds	Phoenix Area
Innationt consists	40	15	Number of adult beds	Phoenix Area Tucson Casa Grande
Inpatient service Provider types 02,71	10	2	Number of child beds	Phoenix Area Tucson
	10	3	Number of adolescent beds	Phoenix Area Tucson
Inpatient detoxification services Provider types 02, 71, B5, B6	10	10	Number of adult beds	Apache Junction Phoenix Area Tucson
RTC	5	5	Number of child beds	Phoenix Area Tucson
Provider types 78, B1, B2, B3	10	10	Number of adolescent beds	Phoenix Area Tucson
Level II	28	20	Number of adult beds	Payson Casa Grande Globe Phoenix Area
Provider type 74	10	10	Number of child beds	Payson Casa Grande Globe Phoenix Area

Following please find a revised version of Attachment C, which includes substantial changes from the

GSA 4: Attachment C – Minimum Network Requirements

Provider Type/Service	Proposal Minimum Number	BAFO Revised Number	Unit	List Service Location(s) by Town/City
Level III	5	5	Number of adult beds	Apache Junction Phoenix Area Casa Grande
Provider type A2	10	15	Number of child beds	Arizona City Coolidge Phoenix Area
Therapeutic Foster Care	5	10	Number of adult placements	Apache Junction Casa Grande Phoenix Area Payson Globe Florence Queen Creek
Homes Provider type A5	20	40	Number of child placements	Apache Junction Casa Grande Globe Mesa Coolidge Payson Florence Queen Creek
Housing	30	120	Number of persons with a serious mental illness who will be assisted in locating or maintaining housing	Not applicable.
Pharmacy locations Provider type 03	30	30	Number of locations	Not applicable.
Methadone maintenance services Provider type 77	2	1	Number of agencies	Tucson Phoenix Area
Outpatient agencies Provider type 77	12	13	Number of agencies	Globe Casa Grande Arizona City Coolidge Eloy Oracle Payson Apache Junction San Carlos
	2	1	Number of agencies	Casa Grande
Habilitation Providers Provider type 39	6	6	Number of habilitation providers not associated with agencies	Globe Casa Grande Coolidge Oracle Payson Apache Junction

Provider Type/Service

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List Service

Location(s) by

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	Number	Number		Town/City
	2	2	Number that are	Casa Grande
Community Service			consumer-operated	Apache Junction
Agencies Provider type A3 2		4	Number that are not consumer-operated	Casa Grande Apache Junction Payson
Behavioral Health Recipients to deliver Peer Support Services	18	25/35/50	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
Family Members to deliver Peer Support Services	18	25/35/50	Full Time Equivalents working in community service agencies or outpatient agencies	Not applicable.
Crisis response telephone	8	2	Full Time Equivalents for am shift	Not applicable.
	10	2	Full Time Equivalents for pm shift	Not applicable.
	4	2	Full Time Equivalents for night shift	Not applicable.
	4	3	Full Time Equivalents for am shift	Not applicable.
Mobile crisis	4	6	Full Time Equivalents for pm shift	Not applicable.
	2	4	Full Time Equivalents for night shift	Not applicable.

2. List the minimum total number of full time equivalents that will be working within outpatient clinics or operating independently as applicable for each professional level stated below.

Staffing type	Proposal Minimum Number	BAFO Revised Number	Units
Paraprofessionals	40	80	Full Time Equivalents
	30	80	Full Time Equivalents
Behavioral Health Technicians (BHT)	20	30	Of the above stated FTE number of BHTs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
Behavioral Health	50	95	Full Time Equivalents
Professionals (BHP) (Do not include Psychiatrists, Nurse Practitioners, or Physician Assistants)	40	75	Of the above stated FTE number of BHPs, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments

Staffing type	Proposal Minimum Number	BAFO Revised Number	Units
	15	20	Full Time Equivalents
Psychiatrists, Nurse Practitioners, or Physician Assistants	4	0.5	Of the above stated FTE number of BHPs in this category, how many Full Time Equivalents will be performing as Clinical Liaisons or conducting assessments
	310	554	Number of hours per week dedicated to medication assessment and prescribing

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2. Paraprofessionals

The number of paraprofessionals has been increased from the original proposal upon further analysis of the current network and the anticipated need.

3. Behavioral Health Technicians

The number of behavioral health technicians has been increased from the original proposal upon further analysis of the current network and the anticipated need.

4. Behavioral Health Professionals

The number of behavioral health professionals has been increased from the original proposal upon further analysis of the current network and the anticipated need.

5. Clinical Liaisons

- GREABHA is committed to ensuring the adequate availability of clinical liaisons. GREABHA has established an expectation of 105 clinical liaisons in this GSA.
- Our intention is to use 0.5 FTE of prescriber time to support the clinical liaison function. Due to the limited number of current and potential prescribers in GSA 4, we have determined that it is not a prudent use of a prescriber's time unless a recipient specifically requests that a prescriber serves as a Clinical Liaison.

6. Mobile Crisis FTEs

- GREABHA will provide a multidimensional crisis system that is customized to the needs of the communities. EMPACT-SPC, which provides consistency, a high level of competency and economies of scale, will be the centralized provider for crisis services in this GSA.
- EMPACT-SPC has a long history in Arizona around the provision of crisis services and suicide prevention services. They have the knowledge, supervisory staff and the protocols available to implement mobile crisis services in this GSA.
- The Mobile Crisis Services will be tailored to meet the unique cultural and local needs of each area. This system will look different in different communities; however, all will have a single access number to request services. The system will also be continually evaluated and refined to meet the community needs.
- request services. The system will also be continually evaluated and refined to meet the community needs.
 The system will consist of mobile crisis providers in urban areas and rapid response providers in smaller
- 29 communities.
- 30 A 24/7 mobile team will be provided by EMPACT-SPC in Casa Grande. In addition to the mobile team in
- Casa Grande, EMPACT-SPC will provide a rapid response team in the community of Globe. These teams will be recruited from the local communities and will be housed in each designated community. Each
- team will involve one van each. These staff will be placed strategically in order to keep travel within a 1
- hour travel radius. In addition, EMPACT-SPC will utilize on-call staff to ensure 24/7 coverage.

EMPACT-SPC rapid response therapists will be available to see consumers for follow up after the crisis, facilitate access to natural supports and find resources, such as emergency housing or food boxes, and deliver crisis training and prevention services (e.g., around suicide prevention, substance abuse and child abuse) in the community. One strategy would be to utilize off duty fire, police and EMT providers as oncall staff to ensure adequate coverage. This strategy would likely apply most often in the Native American reservation areas or other very remote areas. These staff would be employed and supported by EMPACT-SPC.

7. Therapeutic Foster Care for Children

- GREABHA intends to increase the availability of Therapeutic Foster Care services for Children in local communities to make it possible for children to remain in their communities and reduce reliance on out of community placements.
- Our goal is to develop placements that are close to the child's home in an effort to facilitate reintegration with their family. We have increased the number of planned Therapeutic Foster Care homes, which we plan to increase incrementally over the next three years. We anticipate that our minimum number of Therapeutic Foster Care homes may need to be further increased depending on the demands related to
- children and adolescents in the care and custody of the state.
- We will use peer and family support to wrap around consumers and their families to assist families in maintaining children in their current living situation.

8. Inpatient Detoxification Services

- GREABHA intends to facilitate the availability of inpatient detoxification services through the use of medical surgical facilities for medical detox and the use for PHFs for social detox.
- We have identified additional services in the area and will work with comprehensive service providers to integrate these services in the continuum of care for substance abuse services.

9. Housing for Persons with SMI

- Housing for persons with serious mental illness has been increased to support the current recipients in care and to address the growing need for these services. GREABHA will assist provider agencies in applying for HUD grants to increase the availability of housing units in this GSA. HUD Grant writing assistance will be provided by internal and external consultants supplied by GREABHA.
- 29 10. Level II Adult Beds

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30 Level II adult beds were decreased based on further review of capacity that currently exists in the system.

31 11. Level II Children Beds

- 32 Level II Child/Adolescent beds were increased based a further review of current use of these services.
- 33 GREABHA intends to expand the availability of Therapeutic Foster Care homes to reduce the need for
- 34 children to be removed from their communities.

12. Additional Changes

- Additional changes that were made to the minimum provider/service grid are detailed above in the updated Attachment C: Minimum Network Requirements for GSA 1.
- 38 Additionally, the following table indicates all of the Letters of Intent (LOIs) that GREABHA has received to
- 39 date. Copies of the new LOIs that have been received since the submission of our original proposal can
- 40 be found in Attachment B: Letters of Intent.

Cenpatico Behavioral Health State of Arizona Letter of Intent Listing by GSA			
PROVIDER	CITY	GSA	
Arizona Baptist Children's Services (Residential)	Glendale	1,2,4	
Arizona's Children Association	Tucson	1,2,4	
Child & Family Services of Yuma	Yuma	2	

Cenpatico Behavioral Health State of Arizona Letter of Intent Listing by GSA			
PROVIDER	CITY	GSA	
Community Behavioral Health Services	Page	1	
Community Counseling Centers, Inc.	Holbrook	1	
Corazon Behavioral Health Services	Casa Grande	4	
Devereux Arizona (Residential)	Scottsdale	1,2,4	
Empact-SPC (Crisis Services)	Tempe	1,2,4	
Florence Crittendon Services of AZ, Inc. (Residential)	Phoenix	1,2,4	
Helping Associates, Inc.	Casa Grande	4	
Hopi Guidance Center	Second Mesa	1	
Horizon Human Services, Inc.	Casa Grande	4	
Intensive Treatment Systems	Phoenix	1,2,4	
La Frontera Center, Inc.	Tucson	2,4	
Maricopa Integrated Health System (Inpatient Services)	Mesa	1,2,4	
Meta Services, Inc. (Training)	Phoenix	1,2,4	
NurseWise (Crisis Telephone)	Phoenix	1,2,4	
Palo Verde Mental Health Services (Inpatient)	Tucson	1,2,4	
Park Place Outreach & Counseling Centers, Inc.	Arizona City	4	
Pinal Hispanic Council	Eloy	4	
Providence of Arizona	Phoenix	1,2,4	
Sonora Behavioral Health Hospital (Inpatient)	Tucson	1,2,4	
Southwest Ambulance Mesa		2,4	
St. Luke's Behavioral Health Center (Inpatient) Phoenix		1,2,4	
Superstition Mountain Mental Health Center, Inc.	Apache Junction	4	
The Excel Group	Yuma	2	
The Guidance Center	Flagstaff	1	
Southwest Behavioral Health	Payson	4	
The Southwest Network (Southwest Behavioral Health, Arizona			
Children, Touchstone Behavioral Health)	Phoenix	1,2,4	
Triple R. Behavioral Health	Mesa	4	
Valle Del Sol, Inc.	Phoenix	1,2,4	
Verde Valley Guidance Center	Cottonwood	1	
West Yavapai Guidance Clinic	Prescott	1	
Yuma Treatment Center	Yuma	2	
Community Intervention Associates (New LOI)	Yuma	2	
Mohave MH Clinic, INC. (New LOI) Kingman		1	
Native American Connections (New LOI)	Phoenix	1,2,4	
San Carlos Apache Wellness (New LOI)	San Carlos	4	
Arizona Counseling & Treatment Services, LLC (New LOI)	Yuma	2	
Chicano Por La Causa (New LOI)	Phoenix	2,4	
Mingus Center (New LOI)	Cottonwood	1,2	

Volume 2, item d – GSA #1

Limit 2 pages

2 3 4

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1. Assumptions to Identify Minimum Network Requirements

- GREABHA believes that the network specified in item c: Minimum Network Requirements meets the minimum number of providers for each type of service.
- As discussed during the Site Visit, GREABHA is committed to the development and enhancement of services to meet the objectives of the Arizona principles.

9 Assumptions used to identify network needs:

- Current service mix in the GSA does not adequately meet the goals of the Arizona principles
- Current provider agency network capacity does not allow adequate consumer choice
- Current provider staff mix does not adequately utilize peer support and family support workers
- Current delivery system does not provide adequate mobile crisis capability
- System change needs to be incremental to ensure continuity of services
- Lack of competition has resulted in less responsiveness to consumer needs and expectations
- Current system has failed to adequately empower behavioral health recipients to direct their own care

17 Data elements used to determine Network adequacy and service mix

- 18 The following sources of information were utilized to develop our network adequacy plan:
- The Behavioral Health Services Greater Arizona Databook utilization reports
- Projected increases in service demand as the contract is expanded to include additional services to the Navajo Nation and other Indian Communities,
- Projected changes in service mix to support the implementation of the Arizona principles, including peer support and family support services, and therapeutic foster care homes
- Implementation of an effective crisis system
- Information from the Provider Network Development and Management Plan
- Other demographic, staff and service information obtained from current provider agencies

27 Process for Determining Network Capacity Needs

- 28 GREABHA utilized the following process to determine Network adequacy and capacity.
- Reviewed current provider agency network capacity
- Reviewed current service mix
- Established graduated service mix targets to parallel expectations associated with the Arizona principles
 - Projected network capacity needs based upon service mix targets
- Identified opportunities for increased consumer choice

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Volume 2, item d – GSA #2

Limit 2 pages

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1. Assumptions to Identify Minimum Network Requirements

- GREABHA believes that the network we specified in item c., Minimum Network Requirements meets the minimum number of providers for each type of services.
- As discussed during the Site Visit, GREABHA is committed to the development and enhancement of services to meet the objectives of the Arizona principles.

9 Assumptions used to identify network needs

- Current service mix in the GSA does not adequately meet the goals of the Arizona principles
- Current provider agency network capacity does not allow adequate consumer choice
- Current provider staff mix does not adequately utilize peer support and family support workers
- Current prescriber capacity is inadequate to meet consumer needs in the area
- Current delivery system does not provide adequate mobile crisis capability
- System change needs to be incremental to ensure continuity of services
- Lack of competition has resulted in less responsiveness to consumer needs and expectations
- Current system has failed to adequately empower behavioral health recipients to direct their own care

18 Data elements used to determine Network adequacy and service mix

- 19 The following sources of information were utilized to develop our network adequacy plan:
- The Behavioral Health Services Greater Arizona Databook utilization reports
- Projected increases in culturally competent services to the Latino community,
- Projected changes in service mix to support the implementation of the Arizona principles, including peer support and family support services, and therapeutic foster care homes
- Implementation of an effective crisis system
- Information from the Provider Network Development and Management Plan
- Other demographic, staff and service information obtained from current provider agencies

27 Process for Determining Network Capacity Needs

- 28 GREABHA utilized the following process to determine Network adequacy and capacity:
- Reviewed current provider agency network capacity
- Reviewed current service mix
- Established graduated service mix targets to parallel expectations associated with the Arizona principles
- Projected network capacity needs based upon service mix targets
- Identified opportunities for increased consumer choice

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Volume 2, item d – GSA #4

Limit 2 pages

2 3 4

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1. Assumptions to Identify Minimum Network Requirements

- GREABHA believes that the network we specified in item c., Minimum Network Requirements meets the minimum number of providers for each type of services.
- As discussed during the Site Visit, GREABHA is committed to the development and enhancement of services to meet the objectives of the Arizona principles.

9 Assumptions used to identify network needs

- Current service mix in the GSA does not adequately meet the goals of the Arizona principles
- Current provider agency network capacity does not allow adequate consumer choice
- Current provider staff mix does not adequately utilize peer support and family support workers
- Current prescriber capacity is inadequate to meet consumer needs in the area
- Current delivery system does not provide adequate mobile crisis capability
- System change needs to be incremental to ensure continuity of services
- Lack of competition has resulted in less responsiveness to consumer needs and expectations
- Current system has failed to adequately empower behavioral health recipients to direct their own care

18 Data elements used to determine Network adequacy and service mix

- 19 The following sources of information were utilized to develop our network adequacy plan:
- The Behavioral Health Services Greater Arizona Databook utilization reports
- Projected increases in culturally competent services to the Latino and Native American communities, including the San Carlos Indian Community.
- Projected changes in service mix to support the implementation of the Arizona principles, including peer support and family support services, and therapeutic foster care homes
- Implementation of an effective crisis system
- Information from the Provider Network Development and Management Plan
- Other demographic, staff and service information obtained from current provider agencies

28 Process for Determining Network Capacity Needs

- 29 GREABHA utilized the following process to determine Network adequacy and capacity:
- Reviewed current provider agency network capacity
- Reviewed current service mix
- Established graduated service mix targets to parallel expectations associated with the Arizona principles
- Projected network capacity needs based upon service mix targets
- Identified opportunities for increased consumer choice

Volume 2, item g – GSA #1

Limit 1 page

1. Securing Additional Providers

Upon award, GREABHA will review all data sources to confirm network adequacy and complete a gap analysis in cooperation with current provider agencies. Our initial goal is to retain any qualified provider, agency or organization that is currently providing services within this GSA. Any gaps in the service delivery system will be identified through this process. This initial Network adequacy review will be completed within 30 days of contract award.

For GSA 1, GREABHA initially secured Letters of Intent from six of the nine current comprehensive provider agencies. GREABHA has since secured additional Letters of Intent from Mohave Mental Health Clinic, Inc. (Kingman), copies of which can be found in Attachment B: Letters of Intent. We have also received a Letter of Intent from Mingus Center (Cottonwood) for PHF beds. In the event the list of providers is not comprehensive enough to accommodate the revisions in item c, GREABHA will encourage current provider agencies to expand services and to increase consumer choice in this GSA.

In the event that current provider agencies are unable or unwilling to expand services to meet expectations, GREABHA has obtained agreements with The Southwest Network (Southwest Behavioral Health Services, Arizona's Children Association, Touchstone Behavioral Health), EMPACT-SPC, Intensive Treatment Services, and Providence, and verbal commitments from other provider agencies, to expand their current service locations to include other sites within the GSA. Since our original outreach we have secured a LOI from Native American Connections to provide services to the Native American population in GSA 1.

2. Providers Currently Not Conducting Business in the GSA

Southwest Network will serve as a training resource to provider agencies to assist the implementation of child and family teams. The Southwest Network has also agreed to assist in filling identified service gaps not met by current provider agencies. EMPACT-SPC an affiliate of La Frontera Center, Inc. will be the centralized crisis provider for this GSA. Providence, Arizona Children's Association and Catholic Social Services will provide Therapeutic Foster care services. META will provide training and consultation on how to train peer support staff and integrate them into the workforce.

Volume 2, item g - GSA #2

Limit 1 page

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Securing Additional Providers

Upon award, GREABHA will review all data sources to confirm network adequacy and complete a gap analysis in cooperation with current provider agencies. Our initial goal would be to attempt to retain any qualified provider, agency or organization that is currently providing services within this GSA. Any gaps in the service delivery system will be identified through this process. This initial Network adequacy review will be completed within 30 days of award.

- 10 For GSA 2, GREABHA initially secured Letters of Intent from the current comprehensive provider agency. 11 GREABHA has since secured additional Letters of Intent from Community Intervention Associates,
- 12 Arizona Counseling and Treatment Services, LLC and Chicano Por La Causa, Inc. In the event the list of
- 13 providers is not adequate to accommodate the revisions in item c, GREABHA will encourage other
- 14 provider agencies to expand services and to increase consumer choice in this GSA.
- 15 GREABHA has obtained agreements with Chicano Por La Causa, La Frontera, The Southwest Network
- 16 (Southwest Behavioral Health Services, Arizona's Children Association, Touchstone Behavioral Health),
- 17 EMPACT-SPC, Intensive Treatment Services, and Providence, to expand their current service locations
- 18 to include other sites within the GSA.

2. Providers Currently Not Conducting Business in the GSA

Southwest Network will serve as a training resource to provider agencies to assist the implementation of Child and Family Teams. The Southwest Network has also agreed to assist in filling identified service gaps not met by current provider agencies. EMPACT-SPC, an affiliate of La Frontera Center, Inc., will be the centralized crisis provider for this GSA. Providence, Arizona Children's Association and Catholic Social Services will provide Therapeutic Foster care services. META will provide training and consultation on how to train peer support staff and integrate them into the workforce. Chicano Por La Causa and La Frontera Center, Inc. will provide outpatient and community based services to increase consumer choice in this GSA.

Plan to Reach the Proposed Number of Prescribers by Start of 3. Contract

30 GREABHA would immediately identify current prescribers to determine what services these providers are 31 currently delivering. We would work with the identified provider agencies to develop additional 32 programming. Organizations such as Chicano Por La Causa have reported a strong desire to move into 33 this market, and we expect that they will be able to bring new prescribers to the region.

Volume 2, item g – GSA #4

Limit 1 page

1. Securing Additional Providers

Upon award, GREABHA will review all data sources to confirm network adequacy and complete a gap analysis in cooperation with current provider agencies. Our initial goal would be to attempt to retain any qualified provider, agency or organization that is currently providing services within this GSA. Any gaps in the service delivery system will be identified through this process. This initial Network adequacy review will be completed within 30 days of award.

For GSA 4, GREABHA initially secured Letters of Intent from the three current comprehensive service provider agencies and virtually all of the smaller agencies serving this GSA. GREABHA has since secured additional Letters of Intent from San Carlos Apache Wellness Center, Native American Connections and Chicano Por La Causa, Inc., copies of which can be found in Attachment B: Letters of Intent. In the event the list of providers is not comprehensive to accommodate the revisions in item c, GREABHA will encourage current provider agencies to expand services and to increase consumer choice in this GSA.

In the even current provider agencies are unable or unwilling to expand services to meet expectations, GREABHA has obtained agreements with The Southwest Network (Southwest Behavioral Health Services, Arizona's Children Association, Touchstone Behavioral Health), EMPACT-SPC, La Frontera Center, Inc., and Providence.

2. Providers Currently Not Conducting Business in the GSA

Southwest Network will serve as a training resource to provider agencies to assist the implementation of child and family teams. The Southwest Network, Providence and La Frontera Center, Inc. have also agreed to assist in filling identified service gaps not met by current provider agencies. EMPACT-SPC, an affiliate of La Frontera Center, Inc., will be the centralized crisis provider for this GSA. Providence, Arizona Children's Association and Catholic Social Services will provide Therapeutic Foster care services. META will provide training and consultation on how to train peer support staff and integrate them into the workforce.

Volume 2, item h

Limit 1 page

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1. Responding to the Cultural Needs of Tribal Members

GREABHA will require NurseWise to complete and submit a cultural competency plan to GREABHA for approval. The plan shall include the elements outlined in the CLAS Standards and shall be reviewed and approved by the GREABHA Cultural Expert and Tribal Liaison. All NurseWise staff will be required to complete cultural competency training related to each Indian Community served.

- NurseWise will seek on going training through Native American Connections to become equipped to address calls from Native peoples in a culturally competent and appropriate manner. Additionally, NurseWise will rely on local experts and educators to help develop the curriculum and assist with the delivery of the presentations.
- Through GREABHA, NurseWise will utilize various methods of outreach and connectivity with Tribal members. NurseWise will utilize bilingual English/Spanish staff for translation, and will utilize the services of the AT&T language line for interpreter services for Spanish and Navajo, as well as the Certified Languages International (certifiedlanguages.com) language line for interpretation in Apache, and Cyracom International (cyracom.net) for interpretation in Hopi. These translation services will also be available to providers if they require translation services for consumers.
- NurseWise will aggressively seek employees who are Native Americans, to develop a greater internal awareness of cultural needs, and to have Native Americans available to outreach to Native American behavioral health recipients. GREABHA will work with Tribal community service centers, tribal elders and the Native American Communities to leverage the use of Native American field support to provide insight and in-service training to NurseWise staff.

Volume 3, item c – GSA #1

Limit 1 page

1. NurseWise Limited to Care Facilitation

As was discussed during the site visit, NurseWise staff will not perform any utilization management or "gatekeeping," functions; rather, it will focus its activities on care facilitation. Thus, NurseWise outreach services will not interfere with the decision-making processes of the Child and Family Team, Adult Clinical Team, or the role of the Clinical Liaison. NurseWise staff use care facilitation as a support service that focuses on empowering healthcare and behavioral health recipients to:

- more effectively manage their own service plans, in collaboration with appropriate professionals and support service providers
- better understand their rights
- identify and access resources
- be more effective in directing their care

The final decision about what services are needed and what resources are used remains with the behavioral health recipients, in collaboration with his/her Child and Family Team or Adult Clinical Team, and Clinical Liaison. If any concerns are raised by the behavioral health recipient about the current service plan, NurseWise's peer-to-peer staff and care facilitation staff will contact the behavioral health recipient's Clinical Liaison, with the behavioral health recipient's consent. The commitment to the Child and Family Teams will be emphasized in all training and supervision activities. The behavioral health recipients and their teams will be the drivers related to goal setting, and the Clinical Liaisons will be the primary facilitators of all elements in the service plans. All NurseWise staff will have weekly supervision, during which problem-solving interventions will be discussed.

It is the philosophy of NurseWise that behavioral health recipients who receive appropriate information and support will make decisions about services that are most appropriate for meeting their individual needs. In addition to educating behavioral health recipients about specific conditions and available treatment modalities, NurseWise staff are trained in methods for increasing behavioral health recipients' engagement in the treatment process and for helping behavioral health recipients to more assertively manage their own treatment and communicate their goals and preferences to their service providers. NurseWise's goal is to ensure that service planning decisions are made by the behavioral health recipient in accordance with his/her goals; that the Child and Family Team or Adult Clinical Team is a supportive and empowering resource for the behavioral health recipient; and that the Clinical Liaison functions appropriately in his/her role as a knowledgeable clinical advisor to the behavioral health recipient.

GREABHA's contract with NurseWise will stipulate that NurseWise staff will not perform Utilization Review functions or case management functions and will be limited to only care facilitation.

Volume 3, item c – GSA #2

Limit 1 page

1. NurseWise Limited to Care Facilitation

As was discussed during the site visit, NurseWise staff will not perform any utilization management or "gatekeeping," functions; rather, it will focus its activities on care facilitation. Thus, NurseWise outreach services will not interfere with the decision-making processes of the Child and Family Team, Adult Clinical Team, or the role of the Clinical Liaison. NurseWise staff use care facilitation as a support service that focuses on empowering healthcare and behavioral health recipients to:

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GREABHA's contract with NurseWise will stipulate that NurseWise staff will not perform Utilization Review functions or case management functions and will be limited to only care facilitation.

Volume 3, item c – GSA #4

Limit 1 page

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1. NurseWise Limited to Care Facilitation

As was discussed during the site visit, NurseWise staff will not perform any utilization management or "gatekeeping," functions; rather, it will focus its activities on care facilitation. Thus, NurseWise outreach services will not interfere with the decision-making processes of the Child and Family Team, Adult Clinical Team, or the role of the Clinical Liaison. NurseWise staff use care facilitation as a support service that focuses on empowering healthcare and behavioral health recipients to:

- more effectively manage their own service plans, in collaboration with appropriate professionals and support service providers
- better understand their rights
- identify and access resources
- be more effective in directing their care

The final decision about what services are needed and what resources are used remains with the behavioral health recipients, in collaboration with his/her Child and Family Team or Adult Clinical Team, and Clinical Liaison. If any concerns are raised by the behavioral health recipient about the current service plan, NurseWise's peer-to-peer staff and care facilitation staff will contact the behavioral health recipient's Clinical Liaison, with the behavioral health recipient's consent. The commitment to the Child and Family Teams will be emphasized in all training and supervision activities. The behavioral health recipients and their teams will be the drivers related to goal setting, and the Clinical Liaisons will be the primary facilitators of all elements in the service plans. All NurseWise staff will have weekly supervision, during which problem-solving interventions will be discussed.

It is the philosophy of NurseWise that behavioral health recipients who receive appropriate information and support will make decisions about services that are most appropriate for meeting their individual needs. In addition to educating behavioral health recipients about specific conditions and available treatment modalities, NurseWise staff are trained in methods for increasing behavioral health recipients' engagement in the treatment process and for helping behavioral health recipients to more assertively manage their own treatment and communicate their goals and preferences to their service providers. NurseWise's goal is to ensure that service planning decisions are made by the behavioral health recipient in accordance with his/her goals; that the Child and Family Team or Adult Clinical Team is a supportive and empowering resource for the behavioral health recipient; and that the Clinical Liaison functions appropriately in his/her role as a knowledgeable clinical advisor to the behavioral health recipient.

GREABHA's contract with NurseWise will stipulate that NurseWise staff will not perform Utilization Review functions or case management functions and will be limited to only care facilitation.

Volume 3, item d – GSA #1

Limit 1 page

1 2

1. Requirements of Providers Relative to Clinical Supervision

As specified by Title 9, Chapter 20, §R-20-205, GREABHA will require that all licensed and unlicensed staff (including all NurseWise staff involved in this contract) who provide direct clinical services in Arizona-licensed behavioral health service agencies receive at least four hours of individual or group clinical supervision in a calendar month, and that all licensed and unlicensed part-time staff who provide direct clinical services in these agencies receive at least one hour of clinical supervision for every 40 hours worked. GREABHA will require that each person who provides clinical supervision is appropriately licensed and/or supervised and has skills and knowledge regarding the behavioral health services that the agency is authorized to provide and the populations served by the agency.

GREABHA will require that clinical supervision includes: reviewing and discussing behavioral health recipients' behavioral health issues, services, or records; recognizing and meeting the unique needs of behavioral health recipients served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders; review and discussion of other topics that enhance the skills and knowledge of staff members; and determining whether behavioral health recipients' assessment or service plans are complete and accurate and meet the behavioral health recipient's needs for services

GREABHA will require that clinical supervisors document their supervision activities, and that such records include all required data elements per Title 9, Chapter 20, §R-20-205.F (e.g., supervisor's name and credentials, supervisee's name and credentials, date of supervision, signature, date signed, topics addressed, additional training needs identified, etc.).

For each agency, GREABHA will require that the agency has a written plan for clinical supervision, developed by a behavioral health professional, which includes the content described in Title 9, Chapter 25, §R-20-205..

To monitor for quality clinical supervision, GREABHA's Provider Training and Assistance Team will
conduct at least monthly audits of each provider site's clinical supervision records. Provider Training
staff will utilize the provider chart review function of GREABHA's provider data tracking system to
verify that all criteria described above are met.

GREABHA will also monitor supervision through the process of tracking complaints and adverse occurrences. Quarterly summary reports will be completed that outline findings and include corrective action plans.

2. Direct Clinical Supervision Provided to NurseWise Staff

The direct clinical supervision provided to NurseWise staff will be consistent with the requirements for outpatient clinics under Title 9, Chapter 20, §R-20-205. NurseWise will be required to provide onsite trained and licensed clinical supervisors. Supervision of Arizona NurseWise staff members will include group meetings with the Arizona NurseWise Clinical Director, as well as regular use of "silent monitoring" by the staff member's supervisor to assess actual telephone interactions with behavioral health recipients. NurseWise also uses documentation audits by the staff member's supervisor to assess the staff member's interactions with behavioral health recipients and the adequacy of documentation, and individual supervision with staff members as necessary.

It is expected that Southwest Network and META Services will provide some additional training for NurseWise clinical supervisors, particularly regarding the supervision of paraprofessionals and the Arizona principles. As with other provider agencies, GREABHA will audit the supervision practices of NurseWise and their adherence to the requirements of Title 9, Chapter 20, §R-20-205 on a monthly basis, and will report monthly findings to ADHS/DBHS.

Volume 3, item d – GSA #2

Limit 1 page

1 2

1. Requirements of Providers Relative to Clinical Supervision

As specified by Title 9, Chapter 20, §R-20-205, GREABHA will require that all licensed and unlicensed staff (including all NurseWise staff involved in this contract) who provide direct clinical services in Arizona-licensed behavioral health service agencies receive at least four hours of individual or group clinical supervision in a calendar month, and that all licensed and unlicensed part-time staff who provide direct clinical services in these agencies receive at least one hour of clinical supervision for every 40 hours worked. GREABHA will require that each person who provides clinical supervision is appropriately licensed and/or supervised and has skills and knowledge regarding the behavioral health services that the agency is authorized to provide and the populations served by the agency.

GREABHA will require that clinical supervision includes: reviewing and discussing behavioral health recipients' behavioral health issues, services, or records; recognizing and meeting the unique needs of behavioral health recipients served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders; review and discussion of other topics that enhance the skills and knowledge of staff members; and determining whether behavioral health recipients' assessment or service plans are complete and accurate and meet the behavioral health recipient's needs for services

GREABHA will require that clinical supervisors document their supervision activities, and that such records include all required data elements per Title 9, Chapter 20, §R-20-205.F (e.g., supervisor's name and credentials, supervisee's name and credentials, date of supervision, signature, date signed, topics addressed, additional training needs identified, etc.).

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Volume 3, item d – GSA #4

Limit 1 page

1 2

1. Requirements of Providers Relative to Clinical Supervision

As specified by Title 9, Chapter 20, §R-20-205, GREABHA will require that all licensed and unlicensed staff (including all NurseWise staff involved in this contract) who provide direct clinical services in Arizona-licensed behavioral health service agencies receive at least four hours of individual or group clinical supervision in a calendar month, and that all licensed and unlicensed part-time staff who provide direct clinical services in these agencies receive at least one hour of clinical supervision for every 40 hours worked. GREABHA will require that each person who provides clinical supervision is appropriately licensed and/or supervised and has skills and knowledge regarding the behavioral health services that the agency is authorized to provide and the populations served by the agency.

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It is expected that Southwest Network and META Services will provide some additional training for NurseWise clinical supervisors, particularly regarding the supervision of paraprofessionals and the Arizona principles. As with other provider agencies, GREABHA will audit the supervision practices of NurseWise and their adherence to the requirements of Title 9, Chapter 20, §R-20-205 on a monthly basis, and will report monthly findings to ADHS/DBHS.

Volume 3, item f

Limit 1 page

1. "Targeted Case Management"

Per our discussion at the Site Visit, GREABHA will monitor the progress and activities of Child and Family Teams, Adult Treatment Teams, and Clinical Liaisons. In cases where additional outreach and support are needed, NurseWise will be directed to offer care facilitation (as described above in our response to Volume 3, item c), rather than "targeted case management."

GREABHA will ensure that all Clinical Liaisons are qualified to meet all of the respective service needs of their assigned members, as described in Volume 3, Section p of our original proposal. GREABHA will maintain a list of credentialed and privileged Clinical Liaisons, and will match the assigned clinical liaison for each behavioral health recipient against credentialing data. Additionally, GREABHA will monitor Clinical Liaison caseloads at each agency. GREABHA's Provider Training and Assistance Teams will audit the quality of Clinical Liaisons' work to ensure that they are performing the required responsibilities of the role including serving as a coordinating point of contact with other systems, providing information about available services, and providing clinical assistance and expertise to the team. In cases where Clinical Liaisons have not been appropriately assigned or trained, or when the Clinical Liaison is not fulfilling his/her assigned duties, GREABHA will work with leadership at the provider agency to design trainings, technical assistance programs, or concrete action plans (including logistical support from GREABHA), to assist the provider group in rapidly implementing a Clinical Liaison process that complies with the intentions and goals of ADHS/DBHS.

GREABHA will offer support and guidance to the Clinical Liaisons from GREABHA's Interagency Liaisons to facilitate coordination of the multiple agencies typically involved with children in the care of the State. Furthermore, GREABHA will recommend to provider agencies that their more senior and experienced Clinical Liaisons with experience in multi agency coordination be assigned to these recipients.

2. Successful Transitions to the Adult Care System

GREABHA recognizes that many children experience a disruption in care at the time they reach the age of majority and enter the adult care system. Children and families need assistance becoming eligible and planning for ongoing services through the adult system. Transition planning must begin well before the child turns 18. Consistent with DHS Practice Improvement Protocol 7, Transitioning to Adult Services, GREABHA will use our centralized data information system to proactively identify children as early as their 14th birthday, and will send a notice to their Clinical Liaison reminding them to begin reviewing the recipient and family's service plan in anticipation of the gradual transition to Adult Services.. As of the child's 16th birthday, GREABHA will send another notice reminding the Clinical Liaison to organize and maintain relevant assessments and evaluations including emerging areas of interest. As of the child's 17th birthday, GREABHA will send a third notice to the Clinical Liaison reminding him/her that a request to determine whether the child will meet SMI eligibility criteria can occur at this time. GREABHA will remind providers that in many cases, the same provider can serve as the adult provider. Even if the Child and Family Team determine that the child no longer needs behavioral health services after he/she turns 18, GREABHA will remind the Clinical Liaison that a transition plan is still required, focusing on subjects including how the child will maintain independence, AHCCCS eligibility and procedures, ensuring that the child has a place to live, job preparedness, etc. GREABHA will also remind providers that children who have been in special education continue to be eligible for these services through the age of 21, and that continuing education may be an important consideration to give the child assistance with vocational programming and other critical skill building.

Volume 3, item g

Limit 1 page

1. Concerns Related to Care Facilitation versus Case Management

GREABHA understands the ADHS/DBHS' concerns related to care facilitation versus case management, and GREABHA recognizes that the care facilitation role proposed for NurseWise cannot interfere with or negate Child and Family Team processes and decision-making. GREABHA will oversee and monitor the activities of NurseWise to ensure that such interference does not occur.

As described above in our response to Volume 3, item b, NurseWise staff will function in a care facilitation role that is different from a traditional "case management" approach, and that does not involve any gate-keeping for access to service resources. On the contrary, the NurseWise care facilitation model is based on the philosophy that behavioral health recipients, when appropriately educated and empowered, are in the best position to determine the appropriate service resources that will assist them in meeting their individual goals. The goal of the NurseWise program is to assist the work of the Child and Family Team process and decision-making through additional support, education, and information gathering. All NurseWise staff will be trained in this model, and specifically in their role of supporting the work of the Child and Family Team.

As described above in our response to Volume 3, item d, all NurseWise staff will be supervised by a licensed behavioral health professional using a variety of means. In addition to the regular discussion with a supervisor that is required for all staff at outpatient provider agencies in Arizona, NurseWise staff will be supervised through direct monitoring of their telephonic clinical work and through audits of their clinical documentation by a supervisor. These additional supervision methods are part of NurseWise's internal quality improvement monitoring process, and have been used successfully in administering other support programs in which there exist concerns that a NurseWise staff member might become "triangulated" between a caller and his/her service provider. These supervision methods have been very successful in providing NurseWise staff members with the correct "service extender" mindset, which allows them to resolve any potential conflicts and to avoid interfering with collaborative decision-making by the behavioral health recipient and his/her treatment providers.

As is the case for all providers in GREABHA's network, NurseWise providers will be audited on a monthly basis by GREABHA's Provider Training and Assistance Team and will receive feedback about their performance. NurseWise will be required to report any complaints received to GREABHA on a monthly basis, and GREABHA will direct NurseWise to implement corrective action plans as recommended through GREABHA's continuous quality improvement process. Any quality data on complaints about NurseWise will also be reported to GREABHA's Consumer Council for review and suggestions on quality improvement initiatives.

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1. References to Needle Exchange Programs

- 4 Consistent with this statute, GREABHA will not allocate any federal substance abuse treatment funds to
- 5 needle exchange programs. GREABHA will pursue other alternatives for outreaching and engaging
- 6 substance abusers in treatment.
- The statement in the final bullet on p. 42 of Volume 3 in our original proposal (lines 53-54) should be revised to read:
 - Collaboration with medical providers to outreach substance abusers through community education and screening programs, for example in partnership with hospital EDs

2. Strategies Specific to Children and Adolescents with Substance Use Disorders

As part of our overall effort to develop new community-based services and resources for behavioral health recipients, GREABHA will work to develop additional services specifically for children and adolescents with substance use disorders. GREABHA recognizes that there is a lack of specialized programming for children and adolescents with substance use disorders in many areas of the State. GREABHA will work with provider agencies to bring in appropriate external consultants to help develop such programs, and will consider offering incentives to provider agencies that develop new programs specific to children and adolescents with substance use disorders. In addition, GREABHA will ensure – through contract requirements and monthly monitoring – that provider agencies offer services to children and adolescents with substance use disorders and make required attempts to engage and re-engage these high-risk behavioral health recipients in care as per the requirements in the ADHS/DBHS Provider Manual.

GREABHA will work with provider agencies to ensure that the service plans for children and adolescents with substance use disorders are tailored to the unique needs of this group of recipients. In particular, it is expected that the Child and Family Teams develop an understanding of the stage of change the recipient and family are in and assist the recipient in accessing services to match the stage of change. Goals will be based on strengths; will be attainable and measurable; and will change when appropriate. It is expected that natural supports within the community will function as coaches, therapists and teachers, and that there will be a significant use of peer support and role modeling. The Clinical Liaison will facilitate involvement with other involved agencies, such as the Department of Juvenile Corrections and the Arizona Office of Courts.

- 33 GREABHA's adolescent substance abuse treatment strategies include the following:
 - Culturally appropriate treatment needs tailored to the individual adolescent and family
 - Comprehensive assessment of recipient needs and appropriate placement based on the ASAM placement criteria
 - Utilizing motivational interviewing techniques to engage recipients and families in treatment
- Program components should include: orientation, peer mentoring, conflict resolution, client contracting, education, vocational training, parent support and training, and structured daily activities
- Strength based treatment planning
 - Effective use of natural supports
 - Use of therapeutic Community, including peer supports
 - Emphasis on family therapy, treating recipient as part of larger system
- Coordination with Dept of Juvenile Corrections, Arizona Office of Courts, educational institutions
- Recognizing role of Co-occurring disorders
- Ongoing consultation, supervision and training of staff
- Ongoing program evaluation
- 48 GREABHA's Provider Training and Assistance Team will work with provider agencies to develop
- 49 educational strategies for disseminating effective treatment strategies to providers, including Evidence-
- 50 Based Practices in the treatment of child and adolescent substance abuse problems.

Volume 3, item n

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1. Formulary

- As discussed at the Site Visit, <u>no medications</u> on GREABHA's formulary (as listed on pp. 61-66 of Volume 3 in our original proposal) will require prior authorization. Once the drug benefit eligibility is verified, recipients will have access to all of the medications on the formulary, which is broad and very comprehensive. Any future changes to our policy of not requiring prior authorization would be made only after approval by ADHS/DBHS and in collaboration with the State of Arizona's P&T Committee, GREABHA's subcontracted Pharmacy Benefit Manager (PBM), GREABHA's Practitioner Advisory Group for Arizona, and GREABHA's Consumer Council advisory group.
- Quality monitors will be in place to track data such as polypharmacy, medication adherence rates, and potential abuse of prescription drugs. Pharmacy quality data will be given to provider agencies on a monthly basis, and will be reviewed by the GREABHA Quality Management Committee. Opportunities for prescriber education and training will be identified through collaboration between GREABHA's medical leadership, Provider Training and Assistance Team, and the provider agencies.

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1. Administrative Funds Allocated to Training

As presented at the Site Visit, a total of \$425,000 in GREABHA administrative funding was initially allocated to training resources. Based on discussions at that visit, GREABHA proposes increasing staffing in the Provider Training and Assistance Team, in order to better implement a comprehensive training and practice monitoring strategy in Greater Arizona. Our new estimate is that GREABHA will allocate \$526,000 in administrative funding to training, and will provide additional funding as needed.

2. Revised Allocation

Based on discussion at the Site Visit, GREABHA has reconsidered the allocation of funding and staff to training in GSAs 1, 2, and 4. GREABHA proposes directly employing six FTE Trainers, plus one full-time Training Administrator for the Provider Training and Assistance Team. These staff will be dedicated to each GSA as follows: GSA 1 – three FTE Trainers; GSA 2 – one FTE Trainer; and GSA 4 – two FTE Trainers. In addition, there will be one full time Training Administrator for the all three GSA scenario.

3. Additional Training to Enhance Peer Support by Family Members

GREABHA will access additional national and local experts in peer support development and training to assist provider agencies in developing peer support staff. Additionally, since submission of our original proposal, GREABHA has obtained an agreement that NAMI will provide additional training for behavioral health recipient empowerment. This training will be addressed to providers, behavioral health recipients, and family members, and will emphasize the recovery model and the active, engaged role of the behavioral health recipient in setting priorities and selecting services to achieve his/her own goals.

As discussed in our original proposal (Volume 3, Section e), GREABHA in partnership with local community colleges, will provide in-depth, formal training to family or support system members who wish to have a role as caregivers for a behavioral health recipient with serious and persistent mental illness. These family or support system members will receive initial caregiver training, ongoing consultation for questions, training on managing crises, and assistance through scheduled respite care days, to give the family or support system caregiver a day away from their ongoing responsibilities. Training provided to family members who wish to be privileged as peer support providers will address topics including the recovery model; behavioral health recipient empowerment and engagement in service planning; an overview of behavioral health services, including services available and how to navigate the requirements of the service delivery system; confidentiality and disability sensitivity training; warning signs of relapse; medication benefits, risks, and side effects; and behavioral health recipient rights, including grievance and appeal rights. GREABHA will monitor peer support partners' completion of required training and retraining activities to ensure that they are appropriately qualified to provide the services required by behavioral health recipients. GREABHA will work to develop community-based backup services that assist family support partners, such as in-home and out-of-home respite care and 24/7 emergency clinical consultation services.

4. Training and Coaching Provided to NurseWise Staff

NurseWise staff will receive initial training from GREABHA staff, as well as from Southwest Network, META Services and national and regional experts brought in specifically for focused trainings. The Arizona chapter of NAMI has agreed to contract with GREABHA to conduct additional trainings on methods for empowering behavioral health recipients. Web based learning activities on Clinical Liaisons, the Child and Family Team and Adult Team processes, all DHS protocols for outpatient clinic service providers, and the recovery model are being developed for NurseWise staff through Essential Learning. In hiring staff members to support GREABHA, NurseWise will specifically recruit nurses and non-clinicians with behavioral health experience, including behavioral health recipients. All NurseWise clinicians will be supervised by the Arizona NurseWise Clinical Director. Additional oversight and behavioral health training will be provided to NurseWise by GREABHA's Medical Director and clinical staff, prior to contract implementation. NurseWise staff will receive ongoing training and monitoring that is the same as all other provider agencies.

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1. Monitoring Will Incorporate the Requirements of the AHCCCS Medical Policy Manual

GREABHA stipulates that our quality monitoring will incorporate the requirements of the AHCCCS Medical Policy Manual Chapter 900, Section 920 and the ADHS/DBHS QM/UM Plan.

Volume 4, item a.9

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1. Resubmitted Response

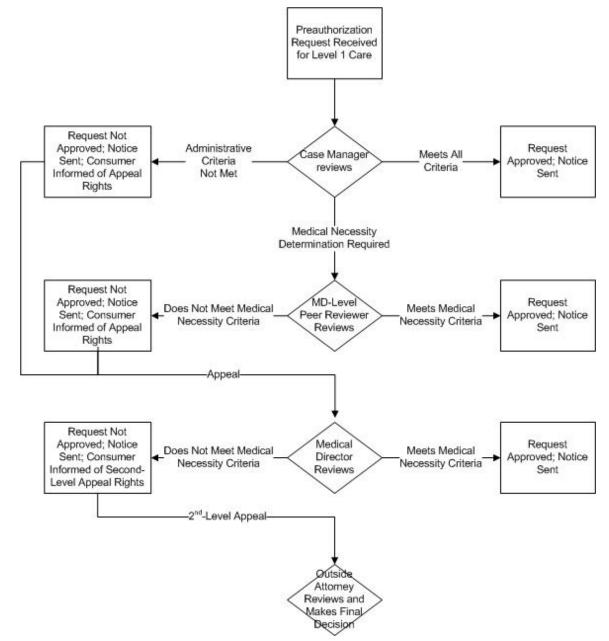
- 4 GREABHA realizes that only Level I services are subject to Utilization Management (UM). GREABHA's
- 5 Level I UM process incorporates industry best practices and Medicaid-specific modifications that have
- 6 been adapted and revised over time to reflect the specific needs of the Medicaid population. Behavioral
- health recipients will be free to self-refer for any type of non-Level I behavioral health care. As described in Volume 3, Section n, GREABHA will require prior authorization only *for Level I services*, specifically:
- The volume of decision in order will require prior authorization only for Level
- 9 Non-emergency admissions to an OBHL Level I facility
- Continued stay in an OBHL Level I facility
- 11 Non Level I services will not require prior authorization.
- 12 All Level I UM functions will be performed by GREABHA staff members, who will be licensed behavioral
- health professionals operating under the supervision of the GREABHA Chief Medical Officer.
- 14 GREABHA's Level I Utilization Management Department will be staffed by Master's-level behavioral
- health professionals (LMSW, LMFT, RN, etc.) with a minimum of three years clinical experience. Staffing
- 16 for the UM department will be as detailed in the following table. These staff members will follow
- 17 GREABHA's guidelines to make authorization decisions for Level I services. GREABHA Utilization
- 18 Management staff will send ADHS/DBHS-required notices and letters, using an automated system that
- 19 generates customized letters that place the behavioral health recipient's information in the required
- formats with "push-button" functionality. This feature prevents user error, and ensures that all required
- 21 notices will be sent to the correct individuals within the ADHS/DBHS-required timeframes.

Position Title	Job Description	Reports To	GSA 1 - Number of FTEs	GSA 2 - Number of FTEs	GSA 4 - Number of FTEs
Care Manager	Clinical staff member who performs initial review of authorization requests for Level I services, and issues authorizations when the request meets administrative and medical necessity criteria	Utilization Review Administrator	2	0.5	0.5
Peer Reviewer	MD-level UM reviewer under contract to perform utilization review for GREABHA when a preauthorization request for Level I services does not appear to meet medical necessity criteria; makes determinations about whether a request meets criteria or not, and gives feedback and consultation to requesting providers	Chief Medical Officer		PRN	
Utilization Review Administrator	Clinical staff member who oversees the work of Care Managers and the process of preauthorizing services for <i>Level I services</i>	Chief Medical Officer	1		
Chief Medical Officer	Has ultimate responsibility for all clinical aspects of GREABHA operations. Monitors and oversees the UM process.	CEO	1		

- 22 GREABHA's procedures for authorizing Level I Services are compliant with the requirements of 42 CFR:
- 23 For Level I services, ADHS/DBHS' utilization management guidelines will be applied by GREABHA's
- licensed behavioral health professionals in a consistent and clinically appropriate way, to authorize or
- retrospectively review services for behavioral health recipients *For Level I services*, the UM review
- 26 process is the same for both prospective (i.e., admission) and concurrent (i.e., continued stay) review.
- 27 Master's level Care Managers who are licensed in a behavioral health specialty perform initial clinical

review of any requests for Level I services. These clinical personnel review each request against 23 ADHS/DBHS' UM guidelines, authorize care if it meets medical necessity criteria, and refer it for peer review if it does not appear to meet the criteria. If the care is determined to have been medically 4 necessary, the Care Manager issues an authorization and sends an approval letter to the requesting 5 provider, including a tracking number. Any authorization, whether initial or concurrent, is issued for a 6 specified number of days, after which the case must be reviewed again and another authorization 7 obtained if continuing care is needed. The Master's-level clinician never issues a denial; when a case 8 does not appear to meet medical necessity criteria, it is reviewed by a clinical Peer Reviewer, who is a 9 specialty-matched, Board certified MD/DO-level behavioral health practitioner with at least five years of 10 clinical experience. This Peer Reviewer makes a decision about whether the care is medically necessary, 11 and consults with the requesting provider to inform him/her of the decision. If the provider disagrees with 12 the reviewer and so requests, he/she is entitled to an appeal with a new reviewer who has not had any 13 previous involvement with the case, to render another determination of medical necessity. At the time of 14 any denial of care, the Care Manager issues a letter that explains the decision and informs the behavioral 15 health recipient and the requesting provider about GREABHA's appeals process, as well as the 16 availability of an outside attorney for second-level appeals, in the event that a behavioral health recipient 17 is not satisfied with the results of GREABHA's first-level appeals process. The Peer Reviewer is available 18 by phone for consultation with the provider upon request.

GREABHA's process is summarized in the following flowchart:



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Retrospective (post-service) review is conducted in situations where GREABHA is informed about behavioral health treatment only after the service has already been delivered (e.g., when a behavioral health recipient presented directly to an emergency department for behavioral health services and was admitted to inpatient care based on the judgment of the treating professional that hospitalization was medically necessary). For retrospective review, a Master's-level Care Manager who is licensed in a behavioral health specialty first reviews the request to determine whether exceptional circumstances existed (e.g., inaccurate benefit information was communicated to the provider, an emergency situation prevented the provider from obtaining a preauthorization during regular business hours, etc.). If exceptional circumstances do not exist, an administrative denial is issued. If there is evidence of exceptional circumstances, the Care Manager then reviews the services provided against ADHS/DBHS' UM Guidelines to verify that the services were medically necessary. If the care is determined to have been medically necessary, the Care Manager issues an authorization and sends an approval letter to the provider, including a tracking number. If exceptional circumstances existed but the case does not appear to meet medical necessity criteria, the Care Manager forwards the case to a clinical Peer Reviewer

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(MD/DO-level practitioner) for a final determination. If the Peer Reviewer determines that the care was not medically necessary, the Care Manager issues a letter that explains the decision and informs the behavioral health recipient about GREABHA's Appeals process, as well as ADHS/DBHS' second-level external appeal process, and the Peer Reviewer is available by phone for consultation with the ordering provider upon request.

GREABHA values our collaborative working relationship with behavioral health facilities that provide Level I services, and our behavioral health Care Managers actively follow behavioral health recipients who are receiving Level I services, to ensure that each behavioral health recipient receives the necessary services, as well as to assist with discharge planning. Based on this collaborative process, the need for retrospective review is generally minimal. However, when retrospective review is necessary, it is always conducted in a fair, non-punitive manner, based solely on the information available to the provider at the time of the decision to provide care. Retrospective review would never be conducted in cases where GREABHA has already issued authorizations for the services delivered. If a facility requests an authorization for care after a behavioral health recipient has been admitted but before discharge, the initial authorization begins on the date of notification; for any care delivered before that date, the facility could request a retrospective review. If the facility requests an authorization after the behavioral health recipient has been discharged, the entire admission would be retrospectively reviewed. In cases where an authorization was issued for a certain number of days and the facility provided additional days of care without obtaining another authorization, the extra days would be administratively denied, and the facility could request a retrospective review for that part of the treatment episode. This situation would rarely occur, however, because GREABHA's Care Managers would proactively call facilities to assist with discharge planning at the time that an authorization expires.

Volume 4, item a.10

Limit 2 pages

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1. Resubmitted Response

GREABHA stipulates that we will monitor <u>all</u> services provided under this contract. The effective implementation of the Arizona principles requires careful monitoring of the mix of services delivered within the system. In addition to serving as indicators of high quality clinical care, monitoring of service delivery by type is important. GREABHA will ensure that the service delivery system supports Arizona's significant shift from traditional behavioral health services delivered by licensed professionals toward community based and support services, including services delivered in part by behavioral health recipients and their family members.

The existence of service mix targets will not interfere with meeting the individual needs of behavioral health recipients. GREABHA believes that when behavioral health recipients are empowered and systems are reformed to permit behavioral health recipient empowerment, resources will be used in a way that meets the intent of the model. Therefore, interventions to modify service mix trends will not involve any form of "gatekeeping" that would restrict behavioral health recipients' access to services or that would limit behavioral health recipients' ability to customize their service plans to meet their own unique goals and objectives. Instead, GREABHA's interventions to modify utilization trends will focus on provider education, service development, and behavioral health recipient empowerment and education. In any individual case, service mix targets will not be used to limit the service options available to the behavioral health recipient.

GREABHA will use behavioral health encounter data to analyze the use of behavioral health services based on population (Title XIX vs. Non-Title XIX SMI vs. other Non-Title XIX, etc.), type of service (e.g., treatment services vs. support services vs. inpatient services, etc.), and service site (e.g., community based vs. outpatient clinic vs. Level I hospital vs. Level I subacute facility, etc.). Thresholds are used to detect incidences of under- and over-utilization. When the service mix falls outside expectations, further quantitative analysis will be conducted to determine whether the variation can be explained and is expected based on current circumstances. If the variation cannot be explained or is unexpected, then a root cause analysis is performed to identify the factors driving the variation. Once the factors driving the variation are identified, actions are implemented to improve performance, and follow-up monitoring schedules are established. Participating practitioners are involved in the analysis, and when applicable, action plans are implemented to improve their performance. Results of service mix monitoring activity will be reported to the Arizona QMC at least quarterly.

GREABHA will rely on the following data sources and monitoring indicators to detect potential instances of service mix variances based upon the ADHS/DBHS, Covered Behavioral Health Services Guide:

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Data Source	Measures/Indicators	Drill-Down Analysis	Frequency
Encounter Data	Service Mix, including % of total resources dedicated to each service type listed below.	By GSABy Provider Agency	Monthly
	Average length of treatment, admits per 1000 members, and visits per 1000 members for each of the following:	By Individual Practitioner	
	Treatment Services		
	Rehabilitation Services Medical Services		
	Support Services		
	Crisis Intervention Services		
	Medication Services		

Data Source	Measures/Indicators	Drill-Down Analysis	Frequency
Pharmacy Data	 Polypharmacy (more than 2 drugs in same category/more than 3 drugs overall) Medication Adherence Rates Potential Abuse of Prescription Drugs (multiple pharmacies, multiple MDs, etc.) 	By GSABy Provider AgencyBy Individual Practitioner	Monthly
Data for Higher Levels of Care	Service Mix, including % of total resources dedicated to each service type listed below. Average length of stay, admits per 1000 members, and days per 1000 members for each of the following: Inpatient Services Residential Services Behavioral Health Day Programs	 By GSA By Provider Agency By Individual Practitioner 	Monthly

Estimated expense targets for both Title XIX and non-Title XIX populations have been established for years 2005-2007. Over time, we expect that the percentage use of supportive and recovery-focused services will increase, and the percentage use of inpatient services will decrease, as a natural consequence of behavioral health recipient empowerment and support. Thresholds established by the expense targets will be used to monitor the service mix. Expense targets and thresholds have been established for each GSA and for sub-groups within each GSA, such as Child, SMI, and General Mental Health/Substance Abuse. GREABHA will use behavioral health encounter data and claims data to analyze services by category and by population. The service mix data will be reviewed monthly and trended quarterly. If variation cannot be explained by current circumstances, root cause analysis will be performed. In general, variation from the expected targets will be interpreted as a sign that behavioral health recipients are not being adequately empowered and supported to manage their own services.

GREABHA's collaborative approach to correcting problems with the service mix will be through provider education and training. Participating practitioners will be involved in the analysis and with the development of relevant action plans. More detailed service mix data, broken down by specific provider agencies, will be examined by the Arizona Network Management Committee. This committee will determine whether specific provider groups require additional education or technical assistance to successfully implement the Arizona principles for behavioral health care. Actions taken by the Network Management Committee can include provider education activities, outreach and coordination with specific providers, and feedback to the Credentialing Committee if a problem is significant and/or longstanding enough that the Network Management Committee believes the provider's network status should be changed to "inactive."

Additionally, provider-specific service mix data will be a key element of GREABHA's provider profiling activities in Arizona. Provider profiles will highlight UM and QM indicators related to a specific network provider's performance over a particular period of time. GREABHA will also use these profiles to provide normative data about the performance of other providers in the network. This type of peer comparison feedback can be a powerful motivator for change among health care providers. Profile information will include benchmark or best practice statistics for each measure, as an inspirational goal. Profile measures and presentation of profile information will be designed to support and enhance network providers' compliance with the Arizona principles for behavioral health services.

1 Volume 4, item b.1

Limit 1 page

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- 1. Attestation of Compliance with All DHS Grievance and Appeals Requirements
 - GREABHA stipulates that we will comply with all DHS Grievance and Appeals requirements.

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Volume 4, item b.2

Limit 1 page

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1. Grievance and Appeals Administrator

- 5 GREABHA will hire a Grievance and Appeals Administrator who will meet the requirements of the RFP.
- $\underline{6}$ During the site visit, we stated that we had already extended a provisional offer to a suitable candidate
- who is an attorney. However, since that time, we have identified that that individual would be more suited
- 8 to the position of Corporate Compliance and Communications Officer, and will supervise the Grievance
- 9 and Appeals Administrator. Accordingly, we are continuing to actively recruit for a Grievance and Appeals
- Administrator whose background will meet the requirements outlined in the RFP
- 11 The aforementioned Corporate Compliance and Communications Officer is a licensed psychologist as
- well as an attorney. Her résumé is included in the separate confidential package that is included in our
- 13 submission as Attachment A.

Volume 4, item b.3

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- 1. Attestation of Compliance with All DHS Grievance And Appeals Requirements
 - GREABHA stipulates that we will comply with all DHS Grievance and Appeals requirements.

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Volume 4, item b.4

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1. Designated Representatives

GREABHA will develop a formalized program to identify and train Designated Representatives to assist consumers in understanding their grievance and appeals rights. The Chief Officer of Community and Consumer Affairs will be responsible for the development and implementation of this program.

During the initial outreach calls to recipients and in the process of receiving telephone calls from recipients (e.g., in the case where a consumer calls GREABHA with a complaint or grievance), recipients will be asked if they have appointed a Designated Representative and if so, that information will be entered into the recipient's record in GREABHA's clinical information system. In such cases, information and training about the grievance and appeals policies and procedures will be given to both the recipient and the Designated Representative. GREABHA's written policies and procedures will instruct staff to check whether a Designated Representative is listed in the recipient's clinical record whenever a complaint or an appeal is received, and if so, to involve the Designated Representative in the case. When communicating with a recipient regarding any process that could involve either a grievance or an appeal, the Designated Representative will also be contacted.

2. Attestation of Compliance with All DHS Grievance and Appeals Requirements

GREABHA stipulates that we will comply with all DHS Grievance and Appeals requirements.

Volume 5, item a

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1. Accomplishing Changes Quickly to Accommodate Arizona System Changes

- GREABHA's Information Systems Administrator is responsible for communicating GREABHA's priorities and working in coordination with the Director of Application Development at Centene.
- 7 GREABHA will have a mechanism in place to quickly escalate urgent or emergency level requests.
 - Centene's MIS Department will be very responsive to GREABHA's needs, as it is with all of the Centene-
- 9 owned operations.

10 2. Arizona Required System Modifications

- 11 The GREABHA Information Systems Administrator will communicate closely with GREABHA's internal
- 12 management and will coordinate modifications with Centene's Director of Application Development to
- monitor, review and test outcomes. GREABHA will have final sign-off on these modifications and will
- 14 monitor the schedule for deliverables/system modifications using the same process that has enabled
- 15 Centene's health plans and CBH's other contracts to successfully meet timeliness requirements for
- 16 current customers.
- 17 GREABHA will work closely with ADHS/DBHS staff to test appropriate system modifications and ensure
- 18 that a quality outcome is achieved.

3. Handling Ad Hoc Queries

- The GREABHA Information System Administrator will be able to meet most requests within a 24-48 hour
- 21 timeframe using a robust and intuitive data warehouse. Normally ad hoc requests of greater complexity
- are completed within a 30 day timeframe and are coordinated with the MIS Department and the Centene
- 23 Corporate Health Economics Team. GREABHA will coordinate these efforts with each team respectively,
- 24 while communicating with ADHS/DBHS staff. Both MIS and Healthcare Economics can be brought into
- discussions and/or planning relative to special requests.
- 26 Reporting needs requiring Centene's MIS involvement can be escalated quickly to meet ADHS/DBHS'
- 27 expectations. Currently, these types of relationships are handled effectively for the other health plans
- associated with CBH and Centene.

4. Representation at Monthly DHS IT Meetings

- 30 Monthly DHS IT meetings in Arizona will be attended on a regular basis by the GREABHA Compliance
- 31 and Communications Officer and the Information Systems Administrator. Centene's Manager of Health
- 32 Plan reporting or a designated representative from that team will also attend most meetings.

Volume 5, item c

2 Limit 4 pages

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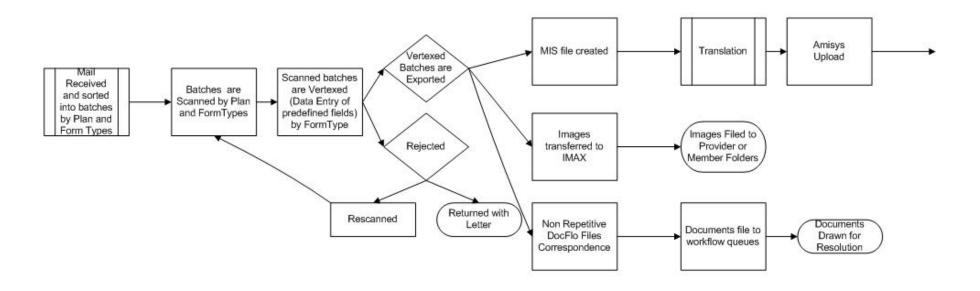
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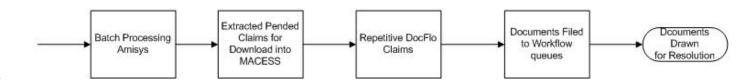
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1. Paper Claims Submission Process

- 4 Providers will submit paper encounters/claims to the GREABHA Encounters/Claims PO Box. When encounters/claims are delivered in bulk, they are received under dual control:
 - At least two Mail Production Specialists sign for the mail on the Daily Mail Receipt Log
- Daily Mail Count Sheets are compared to a MACESS System generated report in order to confirm that the manual count is the same as the system generated numbers
- MACESS System generated reports are also compared to the Lead Count Sheets. Discrepancies are investigated and all counts are reviewed and signed off by the Claims Service Center Management.
- In order to ensure proper handling, the Claims Quality Assurance unit audits the paper submissions process monthly by pulling appropriate reports for five days from the prior month.
- Once claims have been batched, they are ready to be scanned through the high-speed scanners.
- 14 Batches are coded according to their Plan Indicator and Claim Type. Claims are then scanned and
- stamped with a claim number and saved in their batches. At this point the batch is ready for a data
- analyst or Vertexer to pull the batch and begin the entry of the claim. The paper claim is now an image
- 17 that has been sorted, stamped and had OCR technology applied. Fields that have not been picked up
- using OCR are data entered and the claim data entry process is complete.
- Claims that have been data entered are stored in data sets that are extracted on a nightly basis to be loaded into the AMISYS Claims System for adjudication.
- Following please find a workflow that outlines the Paper Submission process through MACESS in more detail:

MACESS Overview





Retention of Paper Claims

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- 2 All claims are scanned and stored to disk electronically. Disks are stored off-site and kept indefinitely.
- 3 Nightly backup processes run and are stored off-site as well so that the risk of fire or other disasters are
- 4 minimized for larger archival processes and for daily processes.

2. How Provider Training Teams Ensure Compatibility of Prospective Providers in Regard to the Information System

GREABHA provider training teams will coordinate closely with the Encounter/Claims Administrator, who will take responsibility to train prospective providers regarding the GREABHA encounter/claims process and information systems. Oversight of prospective provider readiness to deliver claims or encounters rests with the GREABHA provider training teams. GREABHA provider training teams will review providers' readiness and certify providers' preparedness to begin service delivery. The GREABHA provider training teams will provide on going reports and technical assistance to ensure timely and accurate submission of encounters or claims.

- Provider workshops and seminars will be conducted to ensure that providers have the necessary training to enable them to effectively submit encounters and claims to GREABHA. Claims and/or EDI staff can also be made available to address detailed questions from billing staff in the provider agencies.
- The GREABHA Provider Manual will provide a source of reference regarding proper submission of encounter/claims. Providers will also be sent a video that outlines appropriate submission methods, in order to expedite processing and turn around.
- Additionally, a series of communications will be sent or made available to providers to assist them in their setup for GREABHA, including:
 - Information related to electronic encounters/claims filing, including payer ID information and detailed contact information, to interact one on one with our EDI Team
 - Claims Submission mailing that outline overall process for encounter/claims status with contact information
- Access to documentation via the Web on claims filing best practices, including:
 - o member eligibility look up
 - o claims status look up
 - o authorization look up
 - CBH and Centene are very proactive in encouraging providers to bill electronically. Some of Centene's health plans offer incentives to encourage electronic submission, such as offering to pay for the provider's software changes if those changes are completed by a specific due date.

Volume 5, item d

Limit 2 pages

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1. Local Workstation Connectivity

- 4 The standard workstation will be custom made by Fusion Microsystems for the GREABHA office and will
- 5 contain an Intel Pentium IV processor running at 2.8GHz or above with 512MB RAM, 32MB ATI video
- 6 card and 60GB IDE HDD. All workstations will have a 21" (20" viewable) IBM monitor. Network
- 7 connectivity will be provided through the onboard Intel 10/100/1000 Mbps network adapter.
- 8 All workstations will connect back to the GREABHA central network room via Category 5e network
- 9 cabling and terminate on an Ortronics Category 5e patch panel. Connectivity between all local systems
- will be through two Cisco Catalyst 3550 Enterprise class, stackable switches. Connectivity to the rest of
- the company will be provided through a Cisco 3660 series router.
- Workstations will use Microsoft Outlook 2000 as their primary email client. Microsoft Exchange version
- 13 2003 will be utilized as the back-end server. The mail server will run Windows 2003 Server on a HP
- 14 DL380G3 with dual Intel 2.8GHz processors or above, 2GB RAM 2x36GB HDD (OS- Mirrored), 2x36GB
- 15 HDD (Exchange Logs- Mirrored), and 2x72GB HDD (Data-Mirrored). Connectivity to the network will be
- through two Intel 10/100/1000 network interfaces running at 1000/Full. All Arizona mail will be backed up
- to tape nightly and sent to a secured data storage facility the next morning.
- 18 File and Print services for GREABHA workstations will be handled through a local Microsoft 2003 server.
- 19 The File and Print server will run on a HP DL380G3 with dual Intel 2.8GHz processors or above, 2GB
- 20 RAM 2x36GB HDD and 4x72GB HDD (Data- RAID5). Connectivity to the network will be through two Intel
- 21 10/100/1000 network interfaces running at 1000/Full. All GREABHA files will be backed up to tape nightly
- and sent to a secured data storage facility the next morning.
- Workstation connectivity to the AMISYS system is through WS/92 Terminal Emulation software. The
- 24 client will connect directly to the HP9000 server housed in the Centene Corporation Primary Data Facility
- over a private 1.544Mbps private point-to-point T1 line. In the event of a T1 failure, the router will
- automatically fail over all traffic through the secondary 1.544Mbps private point to point T1 line located at
- 27 the Cenpatico Corporate office in Austin, TX and back up to the Centene Corporation Primary Data
- 28 Facility.
- 29 Citrix server farms provide a flexible and robust way of deploying applications to Client users.
- 30 A Citrix server farm is a group of Citrix servers managed as a single entity and sharing some form of
- 31 physical connection. In addition, the servers in the server farm share a single data store. Centene
- maintains a Single Farm Architecture, utilizing a Secure Presentation Layer with multiple zones.
- 33 Centene currently operates Metaframe Presentation Server 3.0 as the platform for server based
- computing running on Windows Server 2003 operating system.
- 35 Centene currently has 17 servers deployed over two application zones. The Farmington Zone has four
- 36 servers with which it operates the MACESS application and provides load balancing and server-to-server
- 37 failover. The Centene Corporation Primary Data Facility Zone operates 13 servers, housing numerous
- 38 applications that include: finance, Microsoft office, credentialing, and CCMS. The same failover technique
- 39 is used in the Centene Primary Data Facility Zone with load balancing and server-to-server application
- 40 failover.
- 41 Centene's application delivery for internal users consists of using two load balanced Web Interface 3.0
- servers running on IIS 6.0 and Windows server 2003. Users have the ability of authenticating to an
- 43 internal URL with their active directory credentials and gaining access to applications published to them
- 44 via active directory security groups. When users are outside of the Centene private network, they can go
- 45 to an SSL secured URL and follow the same procedures as if they were logging into the internal web
- 46 interface servers. Two external web interface servers provide the foundation for external access.
- 47 Utilizing server based computing technology gives Centene the flexibility to install applications and
- 48 updates to centralized managed servers. Once properly tested, the application can then be delivered via
- 49 the Web Interface servers to end users who are in the correct Active Directory security group. New

- 1 2 updates to existing applications can be delivered to the client base without client side installs or intervention, thus reducing costs and time to delivery.
- 3 Workstation connectivity will be supported locally by an Information Systems Administrator. GREABHA will also have access to the Centene Helpdesk for support related to more complex issues or for back up.

Volume 5, item h

Limit 2 pages

1. Testing of the Business Continuity Plan

- 4 The Centene Corporation Disaster Recovery Test was performed on November 5th, 2004. The primary
- 5 objective was the restoration of critical network services and systems during a simulated disaster at the
- 6 Centene Corporation Primary Data Facility. The test was performed by Centene Corporation IT and IS
- 7 Operations staff in conjunction with SunGard Availability Services' Philadelphia Disaster Recovery
- 8 Center.

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- 9 The Disaster Recovery Test consisted of:
- Establishing connectivity between five remote Centene offices and the SunGard Disaster Recovery
 Center in Philadelphia, PA
- Building and restoring six critical Windows servers at the Centene Montana Disaster Recovery facility
- Programming and restoring the Production HP3000 system in the SunGard Disaster Recovery facility in Philadelphia
- Testing application access through Citrix from remote Centene offices
- End user application testing and data validation from home through Citrix via DSL/Satellite
- 17 Results of the testing can found in Attachment C: Disaster Recovery Plan Report.

18 Conclusions:

- Overall testing was successful.
- Multiple tape drives must be available at Disaster Recovery site in case of a hardware failure.
- In the unlikely event that server restoration fails through both Mirrored drive recovery and Ghost; the actual install media, including sufficient documentation, must be stored at the Disaster Recovery site.

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Resubmitted Data Flow with Regard to Eligibility and **Demographics**

In accordance with the specifications and requirements of the RFP, the CIS File Layout, and the ADHS Provider Manual and Program Support Procedures Manual, GREABHA will design an efficient workflow to manage the enrollment and demographics requirements. The outline that follows defines the logical flow of data as it relates to Intake, Demographic, Closure and Daily file updates. These processes will incorporate inbound needs for providers and will allow GREABHA staff to track and reconcile critical data 10 through each step in the model reconciling against the ADHS enrollment data.

- 11 There are three key roles in maintaining an effective enrollment and demographics cycle. The three 12 parties critical to this success are: behavioral healthcare providers, GREABHA and ADHS/DBHS,
- 13 including its internal departments. GREABHA understands the need to keep data synchronized with these
- 14 parties, and is committed to forming a strong relationship with DHS' Technical Assistant to ensure that
- 15 this happens.
- 16 In order to demonstrate the role of each entity, it is necessary to define each of the contributing data
- 17 interfaces. The core interfaces are: Intake/Assessment, Demographics, Closure and the Daily eligibility
- 18 file. Additionally the change, update and termination needs around each of these interfaces will be
- 19 important to understanding the everyday cycle of keeping data elements accurate and consistent across
- 20 organizations.

Intake/Enrollment Process

- 22 Providers will be allowed to submit 834 Enrollment transactions directly to GREABHA. If providers do not
- 23 have the systems capability to do so, they will be allowed to submit a Fax Form detailing the required
- 24 data elements for an Intake. GREABHA Customer Service Representatives (CSRs) will be available to
- 25 assist providers in completing these requirements.
- 26 Once an 834 file is submitted to GREABHA's FTP Folder, the file is moved to the HIPAA Translator.
- 27 Centene uses the translator program to scrub and map data to a basic ASCII file format. A summary
- 28 report is then generated based on first level editing of the transaction file and posted for the provider to
- 29 download and resolve any erred records. Once the Intake is received, GREABHA has 14 days to process
- 30 the record and submit it to ADHS/DBHS cleanly.
- 31 The ASCII file is then loaded into the AMISYS Batch Membership database. Once all errors have been
- 32 worked and the recipient is loaded successfully to the Production database, a file is generated to update
- 33 the clinical system. At this point, clinical staff can easily review and assess the Intake records.
- 34 Daily, a job will run to pull all new or updated Intake records for the purpose of posting data to the
- 35 ADHS/DBHS systems. The file(s) will be uploaded to the designated RBHA Directory on the ADHS FTP
- 36 Server. Scripts will be built to monitor this directory for the response files that will be generated; accepted,
- 37 rejected and control files. These files will be stored to a folder for historical reference. The rejected file will
- 38 be formatted into an electronic report for the CSRs to review and correct appropriately. Intake records will
- 39 be flagged with reason codes so they will be picked up in the next day's submission process.

Validation of Intake Record

- 41 As a control mechanism to ensure accurate data management, GREABHA will enforce policy that
- 42 requires the CSRs to validate the Intake data elements. Many methods will be incorporated to quality
- 43 check fields, such as name, date of birth, last Intake, other RBHA affiliation, etc. Staff will have the
- 44 following tools available to validate data:
- 45 IVR automated Phone System
- 46 Web based inquiry
- 47 AHCCCS Prepaid Medical Management Information
- 48 Medifax
- 49 AHCCCS Name History file and the Statewide Roster File

Override Process

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- 2 Intake records will be tracked via a data repository that will identify those records that have been
- 3 submitted without a valid ID. Once an ID is generated, the record will be flagged for resubmission via the
- 4 Override process in order to be compliant with ADHS/DBHS guidelines.

5 **Closure Process**

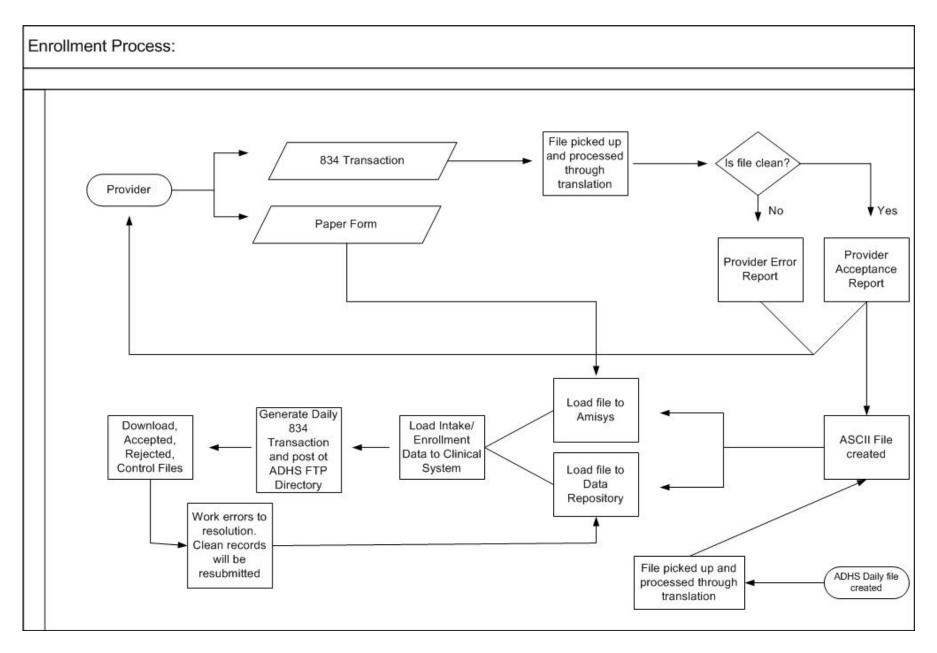
- 6 This process will be built around the Closure Date. Once a recipient is identified as someone who is
- 7 terminating care within the program, the Clinical Staff will document the event accordingly within that
- 8 recipient's record. This data will then drive the business rule to generate a Closure record and a
- 9 Demographic record to update ADHS/DBHS appropriately.

10 **Demographic Process**

- 11 This process is linked closely with the Intake process and is critical to the ongoing treatment of the
- 12 recipient. A demographic record is submitted within 45 days of receiving the Intake record (sooner if
- 13 possible). This processes workflow is much like the Intake workflow, and will be managed using the same
- 14 model approach to reconciling and correcting errors related to demographic data. For further detail,
- 15 please refer to the Demographic Workflow Diagram above.

16 **Daily Files**

- 17 The Daily 834 Files produced by ADHS will be downloaded and processed in GREABHA's eligibility
- 18 system. The AMISYS system tracks eligibility spans by date and captures the data elements needed to
- 19 drive certain business processes. It will be critical to update GREABHA's system with eligible Title
- 20 XIX/XXI recipients in order to provide appropriate servicing to recipients and providers. GREABHA will
- 21 work this file to resolution and submit any erred records to ADHS through the Intake process for
- 22 correction.
- 23 The Workflow below outlines the Intake/Enrollment, Demographic and Daily File process as it relates to
- 24 reconciling data in coordination with ADHS:



Weekly Match and Statewide Roster Files

GREABHA will download and process the weekly and statewide roster files on a routine basis. These files will be formatted and compared against our Intake and Enrollment system to identify errors and discrepancies between the systems. These issues will be corrected in a timely manner and the records

6 will be flagged for resubmission through the Intake submission process.

Reference Files

GREABHA will monitor and react to the following files in order to provide the appropriate service to both recipients and providers. These types of files are listed below with general outlines of how they will be processed:

- AHCCCS Kidscare File: This file will be downloaded monthly between the 1st and 10th of the month.
 The file will be formatted and placed in a common area for outreach staff to access and determine who should be contacted for possible enrollment into the Kidscare program.
- Long Term Care ALTCS Extract File: This file will be downloaded and formatted so that GREABHA staff can easily identify members who need to be appropriately transitioned. The file will be compared to GREABHA's enrollment data to determine match and priority.
- Medicare HMO Matching Eligibility File: This file will be downloaded between the 1st and 10th of
 each month. The file will be loaded into GREABHA's enrollment system with an indicator that will also
 be populated into the Clinical System. This will enable appropriate coordination of care at the clinical
 level.
- Third Party Liability File: This file will be downloaded and processed by the Centene Coordination of Benefits Team. This Team will work with the GREABHA Enrollment Staff to confirm that recipients do indeed have other coverage when necessary.
 - Monthly At Risk File: This file will be downloaded at the beginning of the month. The file will be loaded to a data repository. The data will be sorted and formatted in order to review trends across age, gender and risk categories.

2. Application System including Edits and How Data is Entered and Verified

The primary claims processing system will be AMISYS Advance Version 1. This robust and reliable system is maintained on very powerful HP9000 Servers. Centene has maintained the AMISYS system for over ten years and owns the source code to this product, enabling it to better meet the needs of its health plans and other entities, and customizing those needs that vary by organization. In order to understand the entire process around edits and data entry verification, it is critical to have knowledge of the Paper entry and EDI processes that feed AMISYS its claims data.

MACESS – Paper Encounter/Claims processing

The process for data entering claims into MACESS is streamlined to ensure that processing is consistent and efficient. Once a claim is scanned, it is ready for the Vertexing process, which is our method of initial data entry. Most fields are optically recognized and populated automatically for the Vertexer. Data entry fields have inherent data integrity criteria, e.g., the Social Security Number field will only allow for nine numeric characters. Edits are built into the process so that all data elements are complete and appropriate. If certain information is not sufficient or provided, the Vertexer will apply a standard procedure in order to process the claim appropriately. An example of this might be when a provider submits claims for a member who is not eligible. A Vertexer will enter a value such as "**" in the Member search field and this will drive the claim/encounter to another process so that it can have the appropriate documentation attached and returned.

Vertexers are audited through a Vertex Review process. Senior level Vertexers are given a random sample of 5% of claims entered. They re-key these claims into a Quality check process that evaluates

accuracy and integrity of data requirements. The results of this audit are then supplied to the Vertex Supervisors for corrective action.

3 EDI – Electronic Encounter/Claims processing

- 4 HIPAA compliant files received electronically from clearinghouses or directly from providers are
- 5 processed with even more stringent data integrity requirements. Field-level edits are applied to ensure
- that the data is HIPAA compliant by first passing the 837 file through the HIPAA Translator, which edits
- 7 every field. Second-level edits verify Member and Provider eligibility. Centene is capable of producing an
- 8 electronic error report for immediate processing that lists all detailed edits on the report. Edits include
- 9 field-level verification, such as diagnosis required, member not eligible, etc.

10 Translation process to AMISYS

- 11 Once Encounters/Claims are batched from MACESS and EDI, they are processed through a translation
- or mapping process, in order to prep them for entry into the AMISYS HEALTH database.

13 AMISYS Adjudication

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- 14 AMISYS provides multiple levels of adjudication, which build upon one another logically. There are six
- primary steps of adjudication through which a claim must pass to get to a resolved or paid/denied status.
- Listed below are the six steps in order, with the main editing capability being applied to each claim as it is processed:
 - **Field level/general edits:** These foundational edits ensure that the field level data is appropriate and links within the dataset structure necessary to proceed to the next level. Edits at this level include validation of appropriate data elements and that the data entered is a valid value. For example, is the diagnosis code that is entered a valid code within our code set tables?
- **Member Eligibility Edits:** This basic check validates that the individual entered on the encounter/claim is eligible and attaches to that record the appropriate membership data to link to the next levels of adjudication related to provider and benefits. Edits include checks against date of birth, name match, date of service matches eligibility span, etc.
- **Provider Eligibility Edits:** Based on the claim's dates of service, the system matches the claim up to the appropriate provider span to then attach the provider's status, class, specialty, etc. Edits include data criteria, business segment matching, etc.
 - Authorization Edits: Authorization requirements vary by provider type, contracting status and
 procedure. The system determines if the services rendered qualify for requiring an authorization
 record. Edits validate that the dates of service match an authorization requirement, as well as
 checking the procedure or diagnosis on the claim related to the category of treatment that has been
 authorized.
- **Benefit Edits:** System edits verify based on date of service, type of procedure, age category of the individual and the type of package to which the individual is assigned, and link the appropriate benefit to the claim.
- **Pricing Edits:** In this final step, the system matches the pricing pay class and hierarchically goes through the pricing keywords to determine the appropriate payment process. This includes edits to validate the procedures have rates attached and that they are linked appropriately to the treatment types, such as Office Visit or Outpatient Services.
- 41 AMISYS generates Explanation Codes or EX Codes, which are tied to each Claim Service Line. An EX
- Code specifies the Claims status as it relates to Pended, Paid or Denied information. The EX Code is
- 43 linked within various subsystems and is a detailed edit that explains the service line. For example, if a
- 44 Procedure Code is not loaded with a fee, the EX Code would state that a fee was not found. This would in
- 45 turn drive a specific procedure to resolve the issue in a timely fashion.

3. Assurance That System Changes will not Impact the Arizona Operation

GREABHA and Centene do not expect ADHS/DBHS to modify their processes or interfaces based on system changes that we make. ADHS/DBHS will be made aware of any changes made to Centene's systems and open communication related to the systems environment will be continuously maintained. All system changes will be presented to ADHS/DBHS together with an implementation plan that details the necessary assessment, development, build and testing phases required to ensure that all ADHS/DBHS interfaces are maintained related to Operational and Regulatory due dates.

4. Implementation Project Plan

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10 Please refer to Attachment D: Proposed Implementation Plan for Greater Arizona.

Volume 6, item b

Limit 1 page

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1. Evidence of Reporting Actual Administrative and Service Expenses at the Rate Cell Level

Centene and its subsidiaries have experience reporting financial information in various forms, as it relates to reporting at the rate cell level. Two examples are:

- University Health Plan (New Jersey) Files the Medicaid Financial Report (MFR) both quarterly and annually.
- Superior Health Plan (Texas) Files the Financial Statistical Report (FSR) report both quarterly and annually.

GREABHA has the ability to allocate administrative costs at the rate cell level, although other contracts with the states where Centene does business do not require allocating cost to the rate cell level. In our reports to ADHS/DBHS, GREABHA will allocate costs using a percent of premium methodology or on a PMPM basis, or by another a methodology approved by ADHS/DBHS.

Volume 6, item d – GSA # 1

Limit 1 page

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1. Resubmitted Response

GREABHA is a wholly-owned subsidiary of Centene Corporation (Centene), a Delaware stock corporation. Centene remains committed to maintaining its subsidiaries at or above any state capitalization requirements. As of Dec 31, 2004, Centene held cash, cash equivalents, and investments of \$317.4 M, a portion of which was restricted due to state regulatory requirements. Total stockholders' equity was \$271.3 M as of Dec 31, 2004. Centene had net income for the twelve months ended Dec 31 2004 of \$44.3 M. GREABHA is submitting Centene's financial statements with this proposal, as evidence of Centene's financial stability to meet the State's capitalization requirements for GSA 1.

The Centene has the resources available and will transfer these resources (assets) to the account held in the name of the GREABHA in order to fully comply with the minimum capitalization requirements. GREABHA or also understands that these assets will not be in the form of a note receivable from an affiliate and may not be encumbered."

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18 2/9/2005

19 Date Signed Brian R. Butts

20 Vice President of Finance – CenCorp Health Solutions

Volume 6, item d – GSA # 2

Limit 1 page

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Resubmitted Response

GREABHA is a wholly-owned subsidiary of Centene Corporation (Centene), a Delaware stock corporation. Centene remains committed to maintaining its subsidiaries at or above any state capitalization requirements. As of Dec 31, 2004, Centene held cash, cash equivalents, and investments of \$317.4 M, a portion of which was restricted due to state regulatory requirements. Total stockholders' equity was \$271.3 M as of Dec 31, 2004. Centene had net income for the twelve months ended Dec 31 2004 of \$44.3 M. GREABHA is submitting Centene's financial statements with this proposal, as evidence of Centene's financial stability to meet the State's capitalization requirements for GSA 2.

The Centene has the resources available and will transfer these resources (assets) to the account held in the name of the GREABHA in order to fully comply with the minimum capitalization requirements. GREABHA or also understands these assets will not be in the form of a note receivable from an affiliate and may not be encumbered."

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18 2/9/2005

Date Signed

Brian R. Butts 20 Vice President of Finance - CenCorp Health Solutions

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Volume 6, item d – GSA # 4

Limit 1 page

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1. Resubmitted Response

GREABHA is a wholly-owned subsidiary of Centene Corporation (Centene), a Delaware stock corporation. Centene remains committed to maintaining its subsidiaries at or above any state capitalization requirements. As of Dec 31, 2004, Centene held cash, cash equivalents, and investments of \$317.4 M, a portion of which was restricted due to state regulatory requirements. Total stockholders' equity was \$271.3 M as of Dec 31, 2004. Centene had net income for the twelve months ended Dec 31 2004 of \$44.3 M. GREABHA is submitting Centene's financial statements with this proposal, as evidence of Centene's financial stability to meet the State's capitalization requirements for GSA 4.

Centene has the resources available and will transfer these resources (assets) to the account held in the name of the GREABHA in order to fully comply with the minimum capitalization requirements. GREABHA or also understands these assets will not be in the form of a note receivable from an affiliate and may not be encumbered."

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2/9/2005

Date Signed

Brian R. Butts

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Vice President of Finance - CenCorp Health Solutions

Volume 6, item e – GSA # 1

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1. Resubmitted Response

- To the extent that operating income for GREABHA does not allow the minimum capitalization, currently estimated at \$6,316,602, to be maintained, additional cash reserves will be provided to GREABHA by Centene Corporation through additional cash infusions.
- Additionally GREABHA understands that a performance bond or bonds substitute equal to one hundred ten percent of the first monthly Title XIX/XXI and Non-Title XIX/XXI capitation payment is required over and above the minimum capitalization requirements stated above and that it needs to be in place on or before June 15, 2005 and remain in place throughout the life of the contract, plus 12 additional months, or for as long as GREABHA has liabilities relating to this contract of \$50,000 or more, whichever is later.

Volume 6, item e – GSA # 2

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1. Resubmitted Response

- To the extent that operating income for GREABHA does not allow the minimum capitalization, currently estimated at \$2,446,070, to be maintained, additional cash reserves will be provided to GREABHA by
- 8 Centene Corporation through additional cash infusions.
- 9 Additionally GREABHA understands that a performance bond or bonds substitute equal to one hundred
- 10 ten percent of the first monthly Title XIX/XXI and Non-Title XIX/XXI capitation payment is required over
- and above the minimum capitalization requirements stated above and that it needs to be in place on or
- before June 15, 2005 and remain in place throughout the life of the contract, plus 12 additional months, or
- for as long as GREABHA has liabilities relating to this contract of \$50,000 or more, whichever is later.

Volume 6, item e – GSA # 4

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1. Resubmitted Response

- To the extent that operating income for GREABHA does not allow the minimum capitalization, currently estimated at \$3,619,361, to be maintained, additional cash reserves will be provided to GREABHA by Centene Corporation through additional cash infusions.
- Additionally GREABHA understands that a performance bond or bonds substitute equal to one hundred ten percent of the first monthly Title XIX/XXI and Non-Title XIX/XXI capitation payment is required over
- and above the minimum capitalization requirements stated above and that it needs to be in place on or before June 15, 2005 and remain in place throughout the life of the contract, plus 12 additional months, or
- for as long as GREABHA has liabilities relating to this contract of \$50,000 or more, whichever is later.

Volume 6, item I

Limit 2 pages

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1. Resubmitted Response

GREABHA's financial and accounting functions will be administered through Centene's Corporate Finance department, by staff who will be dedicated to GREABHA. Centene and all of its subsidiaries utilize an established and audited accounting system, which is maintained in accordance with GAAP and OMB Circular A-133. The accounting system includes processes and procedures necessary to provide an audit trail that contains sufficient financial documentation to allow for reconciliation of General Ledger accounts. Stringent policies and procedures are in place to ensure completeness and organization of all financial records. The GREABHA CEO and CFO are accountable for the monthly/quarterly and yearly financial results reported by GREABHA.

GREABHA will utilize MultiView Financial Systems software to maintain the General Ledger. The Finance department will perform several reconciliations on a monthly basis to ensure the accuracy of financial data maintained in GREABHA's financial subsystem. Reconciliations performed by accountants on a monthly basis include, but are not limited to, the following:

- Cash: To ensure proper cash balances, reconciliations are performed and all outstanding items are reconciled on a timely basis.
 - Provider Receivable/Claim Refund: The provider receivable/claim refund balances represent
 amounts due to providers as a result of claim adjustments and recoupments. AMISYS tracks the
 status and history of claims. Any adjustments to claims, either due to or due from the provider, are
 documented in AMISYS. Each month, a Centene Senior Accountant reviews activity related to
 encounters and claims, and ensures that claims related to specific provider adjustments and/or
 recoupments are properly applied to provider receivable/claim balances.
 - Claims Payable: Claims payable represents the estimated amount of liability arising from medical
 care provided to behavioral health recipients, net of coordination of benefits refunds, for cases still in
 process as well as un-discharged and unreported cases. Such estimates are based on claim run-off
 patterns and certain actuarial formulas. The methods of making such estimates and for establishing
 the resulting reserves are continually reviewed and updated by GREABHA and any adjustments are
 reflected in the current operations. Centene utilizes a third party actuarial firm, Milliman USA, to
 conduct quarterly reviews of its claims reserves.
- **Premium Income:** Premiums are received in the month for which coverage applies and income from such premiums is recorded as earned during the period in which GREABHA is obligated to provide services to behavioral health recipients.
 - Medical and Hospital Expenses: GREABHA will contract with various health care providers for the provision of behavioral health care for our behavioral health recipients. Claims are submitted by providers and processed in accordance with the terms of the contract. In addition, GREABHA may compensate some providers on a block payment basis. The amount of the block payment and the frequency of the distributions to the providers are based on contractual adjustments. The cost of other health care services provided or contracted for is accrued in the period for which it is provided to a behavioral health recipient based in part on estimates, including an accrual for services provided but not reported.
 - Prepaid Expenses: The amortization schedule of prepaid expense is updated at the end of each month to include any additions/deletions. The balance per the reconciliation is compared to the General Ledger to ensure accuracy.
 - **IBNR Summary:** Actuarially sound lag models have been developed to generate incurred-but-not-reported amounts by cost categories using lag factors, historical data and trends. Each month, the Centene Finance team assigned to GREABHA will record the IBNR based on the information

- generated from the lag models. Centene utilizes a third party actuarial firm, Milliman USA, to conduct quarterly reviews of the adequacy of claims reserves and the reasonableness of IBNR assumptions.
 - Accrued Liabilities: The schedule of accrued liabilities is reviewed at the end of the month and any
 additions/deletions are documented on the accrued liability reconciliation. The balance per the
 reconciliation is compared to the General Ledger for accuracy.
 - Centene's Corporate Finance department strictly adheres to established accounting policies to record and report all financial transactions. Additionally, Centene has developed strict policies regarding corporate responsibility and governance both before and after the Sarbanes-Oxley Act of 2002, and GREABHA will comply with these policies. Centene's external auditors report directly to the Audit Committee of the Board of Directors and do not perform any consulting services that would impair their audit judgment. Centene also has an internal audit function that reports to the Chief Financial Officer, and meets with the Audit Committee of the Board of Directors on a regular basis. Centene has taken a proactive approach to the incorporation of the Sarbanes Oxley (SOX) regulations:
- **SOX Section 302** requires executive certification of each quarterly and annual report. Centene implemented this process in August 2002.
 - **SOX Section 906** requires additional certifications for periodic reports that contain financial statements. The officers certify that the financial statements fully comply with the appropriate sections of the Security and Exchange Act. The process was also implemented in August 2002.
 - SOX Section 404 requires the following: a statement of Management's responsibility for establishing and maintaining adequate internal controls over financial reporting; a statement identifying the framework used by Management to evaluate the effectiveness of the internal control environment; Management assessment of the effectiveness of this internal control as of the end of the company's most recent fiscal year; and a statement that its auditors have issued attestation reports on management's assessments.
 - Centene has been proactive in preparation to meet the SOX requirements and has spent an extensive amount of time in the past year preparing for the implementation of SOX. To that end, Centene has completed the steps necessary to incorporate the SOX requirements and is prepared for the upcoming, December 31, 2004 implementation date. This hard work has allowed Centene to evaluate its "financial fitness" and confirmed GREABHA's confidence in the firm foundation of Centene's internal control environment.